



Medical Examiners Commission Meeting

February 17, 2026

Amended 2/12/2026

Barbara C. Wolf, M.D. • Kenneth T. Jones • Brian Fernandes, J.D. • Charlie Cofer, J.D.
Robin Giddens Sheppard, L.F.D. • Sheriff Robert "Bob" Johnson
Joshua Stephany, M.D. • Amira Fox, J.D.

MEDICAL EXAMINERS COMMISSION MEETING

Orlando Marriott Lake Mary
1501 International Parkway
Lake Mary, FL 32751
February 17, 2026, 10:00 AM EST
Amended 2/12/2026

Opening Remarks

Introduction of Commission Members and Staff

Approval of Meeting Agenda and Minutes from previous Commission Meeting of October 28, 2025

• Election of Chairman	Ashley Bullard
• Sunshine Law	Natalie Bielby, J.D.
<u>ISSUE NUMBER</u>	<u>PRESENTER</u>
1. Informational Items:	
• Status Update: MEC Appointments and Reappointments	Ashley Bullard
• Status Update: DME Appointments and Reappointments	Ashley Bullard
• 2026 Reappointments/Assessments for Districts 15 - 24	Ashley Williams
• 2025 Interim Drugs in Deceased Persons Report	Megan Neel
• 2025 Annual Drugs in Deceased Persons Report	Megan Neel
• 2025 Annual Workload Report	Megan Neel
• 2024/2025 Coverdell Status Update	Ashley Williams
2. Unidentified Deceased Initiative	Ashley Bullard
3. 2026 Legislative Update (including SB188)	Natalie Bielby, J.D.
4. Nomination for District 8 Medical Examiner	Ashley Bullard
5. Organ Procurement Organization Annual Report	Darren Lahrman, LifeLink
6. Review & Modification of 11G	Ashley Bullard
• 2025 – 2026 scheduled review	
○ 11G-1.001 & 5.002	
• Anticipated changes due to 2026 Legislation	
○ 11G-2.005, 11G-5.003 & 11G.5004	
• Requested changes	
○ 11G-2.002	
7. Mass Fatality Plan	Chairman
8. Emerging Drugs Update	Megan Neel
9. Other Business	

The next MEC Meeting will be May 12th at Wyndham Grand Jupiter at Harbourside Place.

MEDICAL EXAMINERS COMMISSION MEETING
Embassy Suites by Hilton Orlando Lake Buena Vista
4955 Kyngs Heath Road
Kissimmee, Florida 34746
October 28, 2025, 10:00 AM EDT

Commission Chairman Barbara C. Wolf, M.D., called the meeting of the Medical Examiners Commission (MEC) to order at **10:00 AM**. She advised those in the audience that the meetings of the Medical Examiners Commission are open to the public and that members of the public will be allowed five minutes to speak. She then welcomed everyone to the meeting and asked Commission members, staff, and audience members to introduce themselves.

Commission members present:

Barbara C. Wolf, M.D., Districts 5 & 24 Medical Examiner
Brian Fernandes, J.D., Chief Assistant Statewide Prosecutor, Office of the Attorney General
Robin Giddens Sheppard, L.F.D., Funeral Director (Virtual)
Kenneth T. Jones, State Registrar, Department of Health
Hon. Charlie Cofer, J.D., Public Defender, 4th Judicial Circuit
Joshua Stephany, M.D., Districts 9 & 25 Medical Examiner
Hon. Amira Fox, J.D., State Attorney, 20th Judicial Circuit

Commission staff present:

Brett Kirkland, Ph.D.
Megan Neel
Ashley Bullard
Ashley Williams
Natalie Bielby, J.D.

District Medical Examiners present:

Deanna Oleske, M.D. (District 1)
Russell Vega, M.D. (District 12 & 22)
Jon R. Thogmartin, M.D. (District 6 & 8)
Patricia Aronica, M.D. (District 19)
Sajid S. Qaiser, M.D. (District 18)

Other District personnel present:

Roberto Padrino (District 9)
Dan Schebler (District 1)
Chrissy Nieten (District 1)
Sheri Blanton (District 9)
Lindsey Bayer (District 5 & 24)
Karla Orozco (District 7)

Guests present:

Peter Mills (Public Defender, 2nd & 9th Circuits)
Mary Prim (Florida Department of Health)
Shana Geary (Florida Department of Health)
Blake Scott (Florida Department of Health)
Emma Spencer (Florida Department of Health)
Brittany Hill (LifeLink)
Karen Schebler (Citizen)

A MOTION WAS MADE, SECONDED, AND PASSED UNANIMOUSLY FOR THE COMMISSION TO APPROVE THE AGENDA.

A MOTION WAS MADE, SECONDED, AND PASSED UNANIMOUSLY FOR THE COMMISSION TO APPROVE THE MINUTES OF THE AUGUST 12, 2025, MEDICAL EXAMINERS COMMISSION MEETING.

ISSUE NUMBER 1: INFORMATIONAL ITEMS:

- Status Report: MEC Appointments: Bureau Chief Brett Kirkland, Ph.D., advised that there has been no update from the Governor's Appointment Office on reappointments.
- Status Report: DME Appointments and Reappointments: Dr. Kirkland informed the Commission that we are currently awaiting appointments from the Governor's Appointments Office. Dr. Kirkland also informed the Commission and Medical Examiner community that a new bill will be filed for the 2026 Legislative Session, sponsored by House Representative Abbott and Senator Simon, which will give direct appointment authority to the Medical Examiners Commission to fill vacancies for district medical examiners. Dr. Kirkland stated that the new bill will do two things, first it clarifies that members of the Commission will remain in official status once their appointment term has expired unless otherwise dictated by the Governor. Secondly, it will allow for the appointment of District Medical Examiners by the Medical Examiners Commission's majority vote. The vacancy process that is traditionally followed and already in Florida Administrative Code will remain the same, the only difference will be in Florida Statute and the language that states that the Commission would vote to recommend a candidate to the Governor for appointment. The new language would simply state that the Commission shall be the final appointer of District Medical Examiners. Dr. Kirkland stated that the bill is expected to be filed and go into effect July of 2026.
- District 8 Medical Examiner Vacancy: Dr. Joshua Stephany informed the Commission that the District 8 Medical Examiner's position is still vacant. Dr. Stephany advised that several applicants have applied and that there are eight interviews scheduled, once interviews are completed, the Selection Committee will make their recommendations.
- 2024 Annual Drug Report: Ms. Megan Neel informed the Commission that drug data report was published on October 16, 2025. Ms. Neel thanked everyone who worked to get the data in and helped to get it published earlier.
- 2024 Annual Workload Report: Ms. Megan Neel informed the Commission the report was published on September 30, 2025.
- 2025 Interim Drug Report: Ms. Megan Neel informed the Commission that data has been received by all but two districts. Ms. Neel advised that she is in contact with the two districts and will be submitting to Quality Control to finalize the data.
- 2024 Paul Coverdell Forensic Science Improvement Grant Program Status Update: Ms. Ashley Williams informed the Commission that FDLE Grants unit is working on reimbursements and asked that districts continue to send in their reimbursement forms.
- 2025 Paul Coverdell Forensic Science Improvement Grant Program Status Update: Ms. Ashley Williams advised that 10 proposals were received for the 2025 Paul Coverdell Grant. \$51,400 was the allotted amount granted to the districts. Ms. Williams advised that we are still waiting on the BJA to release the funds.

ISSUE NUMBER 2: LEGISLATIVE UPDATE

- Senate Bill 54: Legal Counsel, Natalie Bielby informed the Commission of updates on Senate Bill 54, relating to the use of substances affecting cognitive function. The bill creates ss. 406.139 and 901.225 F.S. and amends 1006.07 and 1006.12, F.S requiring comprehensive toxicology screenings, autopsies, and specialized training on the adverse effects of psychotropic drugs and other substances for certain suspects, law enforcement officers, teachers, and safe-school officers. The bill also mandates consultation with mental health professionals and toxicology

screenings by medical examiners for suspected mass shooters, ensuring autopsy reports include all finding on psychotropic drugs and other substances.

- Senate Bill 188: Legal Counsel, Natalie Bielby informed the Commission of updates on Senate Bill 188, related to medical examiners duties. The bill requires medical examiners to document and report certain infant and child autopsy findings to a national registry, with penalties for noncompliance. It defines new terms for sudden, unexpected deaths in infants and individuals younger than 20 years of age; requires additional autopsy steps for cases involving SIDS, SUID, SDY, and suspected SADS, including microscopic and toxicology studies and a review of immunization records; mandates documentation of immunizations or emergency countermeasures administered within 90 days prior to death in the autopsy report; obligates medical examiners to report qualifying cases to the Sudden Unexpected Infant Death and Sudden Death in the Young Case Registry; authorizes the Department of Health to impose escalating fines and potential disciplinary action for failure to report within established timeframes; clarifies that reporting such information complies with state and federal medical privacy laws. The penalties include \$1,000 for first unreported case, \$5,000 for second unreported case, and repeat noncompliance requires referral to the MEC for disciplinary action, which may include suspension or removal pursuant to s. 406.075, F.S.

Commission Chairman Dr. Wolf stated that she distributed the proposed Senate Bill to chiefs of National Association of Medical Examiners (N.A.M.E.). NAME's executive committee and the current president of N.A.M.E. is working to draft a letter to the legislature in opposition of this bill.

Dr. Jon Thogmartin expressed his opposition to the bill with the primary concern that the bill takes the autonomy away from the medical examiners and also imposes a financial penalty for failure to comply. Additionally, adding requirements to the autopsy report itself may not be the correct venue as vaccinations are documented, when relevant, elsewhere in file. There are concerns about duplicative reporting and increase in workload. There is already a national registry to report adverse reactions to vaccines.

Dr. Patricia Aronica also expressed her opposition and concerns . Dr. Aronica agreed with Dr. Thogmartin and added that she has issues with the language of the bill.

Dr. Russell Vega spoke in opposition of the bill and agreed with prior statements from the previous medical examiners. Dr. Vega further elaborated that he believes the requirements should belong in the Medical Examiners Guidelines and Administrative Code rather than statute if they were to be implemented. Dr. Vega also expressed concern over the specific requirements of the statutory delineation of what medical examiners practice of medicine should be in terms of how medical examiners approach what should and should not be included in autopsy reports. There are other requirements in what is required in terms of practice (both administratively and medically) but nowhere else in statute is there any kind of financial penalties like Senate Bill 188 is trying to impose.

Commission Chairman Dr. Wolf proposed a motion to have the Medical Examiners Commission write a letter in opposition of Senate Bill 188. Commissioner Brian Fernandes advised that he believed that it might be a little premature to write a letter because a companion bill had not yet been filed. Once a companion bill was introduced it may address some of the issues raised at the meeting and the direction the bill. Commissioner Amira Fox agreed with Mr. Fernandes but also questioned the catalyst for the bill.

Dr. Kirkland informed the Commission that staff have received statements concerning the language in Senate Bill 188 from District Medical Examiners who were unable to attend the meeting.

A MOTION WAS MADE, SECONDED, AND PASSED FOR THE COMMISSION TO APPROVE THE MEDICAL EXAMINERS COMMISSION WRITING A LETTER IN OPPOSITION OF SENATE BILL 188.

- House Bill 21 and Senate Bill 258: Mr. Dan Schebler updated the Commission with the status of House Bill 21 and Senate Bill 258, the public records exemptions for medical examiners, associate medical examiners, and their staff. Mr. Schebler advised that both bills have been filed.

ISSUE NUMBER 3: PUBLIC HEALTH MEDICOLEGAL DEATH INVESTIGATION DATA OPTIMIZATION INITIATIVE:

Ms. Shana Geary with the Florida Department of Health provided the Commission with updates on the Public Health Medicolegal Death Investigation Data Optimization Initiative. The effort of the initiative is focused on advancing public health and safety through a coordinated data sharing effort collaborating with the Department of Health, the Commission, and medical examiners across the state to increase data sharing in a timely manner. Ms. Geary advised the data collection from medical examiner offices began in May 2025. In June 2025, all data provided by medical examiner offices were summarized to identify themes, challenges, and opportunities. As of September 2025, the results and recommendations are being reviewed to identify next steps. Ms. Geary stated that in the beginning of 2026, the Department of Health will collaborate with medical examiner offices and the Florida Department of Law Enforcement to act on prioritized recommendations.

ISSUE NUMBER 4: FDLE FORENSIC UPDATE:

On behalf of Deputy Director Leigh Clark, MEC Staff Manager, Ashley Bullard informed the Commission that using the Federal Missing and Unidentified Human Remains grant funds, the Florida Department of Law Enforcement (FDLE) has been able to process Unknown Human Remains cases using Forensic Investigative Genetic Genealogy. The funding is restricted to cases believed to be the victim of a homicide. FDLE has secured an extension for the grant through September 2026. The contact for additional information on FDLE's Forensic FIGG Program and Missing Unidentified Human Remains is BiologySpecialProjects@fdle.state.fl.us.

ISSUE NUMBER 5: UNIDENTIFIED DECEASED INITIATIVE:

Ms. Ashley Bullard reported the following success story from District 17.

On September 19th, 1983, skeletal remains of an unknown young white female were found in a rural area of western Broward County. The decedent was estimated to be approximately 15 years old and the victim of a homicide. Over the years, the case and dental records were compared to several missing person files with negative results. This case was reinvestigated in 2008, with the assistance of a forensic artist and community outreach. The efforts yielded negative results on a possible identification of the decedent. In May of 2024, we worked in conjunction with law enforcement and provided a DNA sample for genetic genealogy. In 2025, detectives worked on several leads and located a possible parent of the decedent. The suspected parent provided a DNA sample that was compared to the decedent. In June of 2025, the DNA comparison between the decedent and the suspected parent were a match. The decedent was identified as a 16-year-old female missing from Georgia.

On January 24, 2005, an unknown black female was found deceased in a parking lot with no identification or possible leads as to her identity. Fingerprints were originally submitted and searched through all local, state, and federal databases with negative results. Law enforcement investigated missing person reports and reached out to media outlets without success. In 2016, fingerprints were resubmitted to the FBI and to the US-VISIT Biometric Support Center with negative results. In May of 2025, the law enforcement detective worked with Homeland Security on other investigative means to try and identify the decedent. Through their investigation they were able to obtain a possible identification and located an immigration file for entry into the United States in October of 2004. The immigration file contained photographs and a set of fingerprints that were matched to those of the decedent. The detective worked with the Consulate General of Jamaica and was able to locate and notify the decedent's family.

ISSUE NUMBER 6: EMERGING DRUGS

Dr. Kirkland provided the Commission with an update on new drug trends on behalf of Bruce Goldberger, Ph.D. He informed the Commission that the toxicology laboratory directors continue to report significant decreases in the prevalence of new psychoactive substances including novel benzodiazepines, cathinones, fentanyl analogs, and nitazenes in decedents. Fentanyl continues to be the predominate substance identified in decedents often in combination with cocaine and/or methamphetamine. NPS and other substances identified in casework includes alpha-PiHPP (isoPV8), carfentanil, N-isopropyl butylone, ketamine, methylenedioxyamphetamine, 3,4-methylenedioxy- α -pyrrolidinoisohexanophenone (MDPiHP), MDMB-4en-PINACA, and fluorofentanyl. According to the Centers for Disease Control and Prevention, the provisional percent change in reported 12 month-ending count of drug overdose deaths in the state of Florida from April 2024 to April 2025 is -35.59%. The national provisional percent change for United States is -26.3%. (source - National Center for Health Statistics, National Vital Statistics System, September 7, 2025).

Furthermore, Dr. Kirkland informed the Commission that the toxicology laboratory directors continue to meet bimonthly to discuss the prevalence and emergence of drugs in the state of Florida. Participants of the meeting include representatives from the MEC, the Drug Enforcement Administration, the Florida Department of Health, and the Office of Statewide Intelligence.

ISSUE NUMBER 7: OTHER BUSINESS

- **Drugs Identified in Deceased Persons Dashboard:** Dr. Kirkland informed the Commission of a new dashboard that FDLE's Criminal Justice Excellence Unit has developed with the help of MEC staff member Megan Neel. The Criminal Justice Excellence Unit compiled the drugs identified in deceased persons data over the last ten years. The dashboard allows for users to look at all the drugs that are found in decedents in Florida. The dashboard can be simultaneously updated with the release of the official reports to the public, thus improving data availability. Dr. Kirkland advised that the dashboard will be available on the Medical Examiners Commission website shortly.
- **Florida Association of Medical Examiners (F.A.M.E.) Update:** Dr. Deanna Oleske informed the Commission that Dr. James Fultcher of District 7 is now the F.A.M.E. president. Dr. Oleske also advised that the 2026 F.A.M.E. Conference will be held in Daytona, Florida at the Hard Rock.
- **Florida Mass Fatality Plan:** Commissioner Brian Fernandes informed the Commission that he would like to address the Mass Fatality Plan draft. Mr. Fernandes stated that after reviewing the Mass Fatality Plan language, he recommends that the language be definite and should use either "And" or "Or" but not both. Mr. Fernandes stated that the language could possibly cause confusion. Mr. Fernandes wanted to make his recommendation prior to the Mass Fatality Plan finalization and presentation to the Commission at the February 2026 MEC meeting.

With no further business to come before the Commission, the meeting was adjourned at 10:53 A.M.

MEDICAL EXAMINERS COMMISSION

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Chairman

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Third Term: 2/10/2023 - 6/30/2024

Mr. Kenneth T. Jones

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VACANT

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District 4

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District 25 (Home Rule)

Joshua D. Stephany, M.D.

ME Services Provided by District 9

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District 1

Danielle R. Armstrong, D.O.
Lorraine Lopez-Morell, M.D.
Michael Pagacz, M.D.
(Wilson A. Broussard, M.D.)
(Thomas M. Coyne, M.D., Ph.D.)
(Jennifer Dierksen, M.D.)
(Emily R. Duncanson, M.D.)
(Lisa Flannagan, M.D.)
(James W. Fulcher, M.D.)
(Ami Murphy, D.O.)
(Maneesha Pandey, M.D.)
(Jay M. Radtke, M.D.)
(Brandy L. Shattuck, M.D.)

District 2

(Lisa M. Flannagan, M.D.)
(Jan M. Gorniak, D.O.)
(Noel R. Agudo, M.D.)
(Natalia Belova, M.D.)
(Kailee Imperatore, M.D.)
(Andrew Koopmeiners, M.D.)
(Noel A. Palma, M.D.)
(Heidi Reinhard, M.D.)
(Sarah C. Thomas, M.D.)
(Jason R. Van Roo, M.D.)

District 3

Dixie Co.
ME Services Provided by District 8
Lafayette, Madison, & Suwannee Co.
ME Services Provided by District 2
Columbia & Hamilton Co.
ME Services Provided by District 4

District 4

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Peter Gillespie, M.D.
Brittany L. Glad, D.O.
Sherry L. Jilinski, M.D.
Aurelian Nicolaescu, M.D.
Robert R. Pfalzgraf, M.D.
Jason R. Van Roo, M.D.
(Noel R. Agudo, M.D.)
(Danielle R. Armstrong, D.O.)
(Michael Bell, M.D.)
(Leszek Chrostowski, M.D.)
(Iana Lesnikova, M.D.)
(Brandon M. Maveal, M.D.)
(Deanna A. Oleske, M.D.)
(Valerie J. Rao, M.D.)
(Sandra A. Siller, M.D.)
(Barbara C. Wolf, M.D.)

District 5

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Chantel Nijwaji, M.D.
Tracy L. Shipe, D.O.
(Noel R. Agudo, M.D.)
(Michael Bell, M.D.)
(Thomas M. Coyne, M.D., Ph.D.)
(James W. Fulcher, M.D.)
(Susan S. Ignacio, M.D.)
(Kailee Imperatore, M.D.)
(Wayne D. Kurz, M.D.)
(Andrew Koopmeiners, M.D.)
(Stephen J. Nelson, M.D.)
(Aurelian Nicolaescu, M.D.)
(Noel A. Palma, M.D.)
(Joshua D. Stephany, M.D.)
(Jon Thogmartin, M.D.)
(Jason R. Van Roo, M.D.)

District 6

Noel R. Agudo, M.D.
Susan S. Ignacio, M.D.
Kailee Imperatore, M.D.
Wayne D. Kurz, M.D.
Andrew Koopmeiners, M.D.
Noel A. Palma, M.D.
Jason R. Van Roo, M.D.
(Wilson A. Broussard, M.D.)
(Marcela Chiste, M.D.)
(Tracey S. Corey, M.D.)
(Thomas M. Coyne, M.D., Ph.D.)
(Rebecca A. Hamilton, M.D.)
(Rachel A. Lange, M.D.)
(Wendy A. Lavezzi, M.D.)
(Rebecca MacDougall, M.D.)
(Stephen J. Nelson, M.D.)
(Chantel Nijwaji, M.D.)
(Shanedelle S. Norford, M.D.)
(Mark J. Shuman, M.D.)
(Phouthasone Thirakul, M.D.)
(Suzanne R. Utley-Bobak, M.D.)
(Russell S. Vega, M.D.)
(Vera V. Volnikh, M.D.)
(Barbara C. Wolf, M.D.)

District 7

Ruth Kohlmeier, M.D.
Mary G. Ripple, M.D.
(Noel R. Agudo, M.D.)
(Marcela Chiste, M.D.)
(Susan S. Ignacio, M.D.)
(Kailee Imperatore, M.D.)
(Wayne D. Kurz, M.D.)
(Rebecca MacDougall, M.D.)
(Shanedelle S. Norford, M.D.)
(Noel A. Palma, M.D.)
(Jon R. Thogmartin, M.D.)
(Lee Tormos, M.D.)

District 8

(Noel Agudo, M.D.)
(Nicholas Barna, M.D.)
(Michael Bell, M.D.)
(Natalia Belova, M.D.)
(Alexander Blank, M.D.)
(Thomas M. Coyne, M.D., Ph.D.)
(Lisa Flanagan, M.D.)
(Alexis Jelinek, M.D.)
(Susan S. Ignacio, M.D.)
(Kailee Imperatore, M.D.)
(Andrew Koopmeiners, M.D.)
(Wayne D. Kurz, M.D.)
(Wendy Lavezzi, M.D.)
(Rebecca MacDougall, M.D.)
(Chantel Nijwaji, M.D.)
(Shanedelle S. Norford, M.D.)
(Noel Palma, M.D.)
(B. Robert Pietak, M.D.)
(Heidi Reinhard, M.D.)
(Mark Shuman, M.D.)
(Jason Van Roo, M.D.)
(Milad Webb, M.D.)
(Barbara C. Wolf, M.D.)

District 9

Brooke Blake, M.D.
Joy Edegebe, M.D.
Marie H. Hansen, M.D.
Soren L. Jensen, D.O.
Jenaye L. Mack, M.D.
Sandra A. Siller, M.D.
Mariana Voudouri, M.D.
Sara H. Zydowicz, D.O.
(Tracey S. Corey, M.D.)
(James Fulcher, M.D.)
(D. Fintan Garavan, M.D., Ph.D.)
(Julia V. Hegert, M.D.)
(Ruth Kohlmeier, M.D.)
(Rachel A. Lange, M.D.)
(Stephen J. Nelson, M.D.)
(Chantel Nijwaji, M.D.)
(Mary G. Ripple, M.D.)
(Tracey L. Shipe, D.O.)
(Sajid S. Qaiser, M.D.)
(Vera V. Volnikh, M.D.)
(Barbara C. Wolf, M.D.)

District 10

D. Fintan Garavan, M.D., Ph.D.
Vera V. Volnikh, M.D.
(Kelly G. Devers, M.D.)
(Susan S. Ignacio, M.D.)
(Wayne D. Kurz, M.D.)
(Wendy Lavezzi, M.D.)
(Kenneth D. Hutchins, M.D.)
(Daisy C. McEnnan, M.D.)
(Noel A. Palma, M.D.)
(Ashley R. Perkins, D.O.)
(Jon R. Thogmartin, M.D.)
(Milad Webb, M.D.)
(Barbara C. Wolf, M.D.)

District 11

Nicholas Barna, M.D.
Jonathan Kanakaraj, M.D.
Katherine Kenerson, M.D.
Benjamin Mathis, M.D.
Attila Molnar, M.D.
Jusmita Saifullah, M.D.
Tiffany Sheganoski, D.O.
Tyson Sutherland, M.D.
Tuyet Tran, D.O.
(Michael D. Bell, M.D.)
(Iouri G. Boiko, M.D., Ph.D.)
(Manfred Borges, M.D.)
(Marcela Chiste, M.D.)
(Marta Coburn, M.D.)
(Gertrude M. Juste, M.D.)
(Rebecca MacDougall, M.D.)
(Craig Mallak, M.D.)
(Linda R. O'Neil, M.D.)
(Marlon S. Osbourne, M.D.)
(Stephen Robinson, M.D.)
(Stacey A. Simons, M.D.)
(Terrill Tops, M.D.)
(Lee Marie Tormos, M.D.)

District 12

Omar Ansari, M.D.
Wilson A. Broussard, M.D.
Phouthasone Thirakul, M.D.
Suzanne R. Utley-Bobak, M.D.
(Leszek Chrostowski, M.D.)
(Stephen J. Nelson, M.D.)
(Robert R. Pfalzgraf, M.D.)
(Valerie J. Rao, M.D.)
(Megan Schwietert, M.D.)
(Wendolyn Sneed, M.D.)

District 13

Kelly G. Devers, M.D.
Ryan D. McCormick, M.D.
Ashley R. Perkins, D.O.
Noah D. Reilly, D.O.
(Leszek Chrostowski, M.D.)
(Thomas M. Coyne, M.D.)
(D. Fintan Garavan, M.D., Ph.D.)
(Stephen J. Nelson, M.D.)
(Phouthasone Thirakul, M.D.)
(Vera V. Volnikh, M.D.)
(Sara H. Zydowicz, D.O.)

District 14

(Noel R. Agudo, M.D.)
(Michael D. Bell, M.D.)
(Susan S. Ignacio, M.D.)
(Katherine L. Kenerson, M.D.)
(Andrea N. Minaryard, M.D.)
(Mark J. Shuman, M.D.)
(Phouthasone Thirakul, M.D.)

District 15

Natalia Belova, M.D.
Marcela Chiste, M.D.
Eric A. Eason, M.D.
Marlon S. Osbourne, M.D.
Heidi Reinhard, M.D.
Terrill Tops, M.D.
Lee Marie Tormos, M.D.
Anthony Vinson, DO
(Michael Bell, M.D.)
(Kenneth D. Hutchins, M.D.)
(Alexis Jelinek, M.D.)
(Stacey A. Simons, M.D.)
(Mark J. Shuman, M.D.)
(Michael Steckbauer, M.D.)
(Jon Thogmartin, M.D.)

District 16

(Iouri G. Boiko, M.D. Ph.D.)
(Marlon S. Osbourne, M.D.)
(Mark J. Shuman, M.D.)

District 17

Iouri G. Boiko, M.D., Ph.D.
Alexander Blank, M.D.
Yanel De Los Santos, M.D.
Erin Ely, M.D.
Alexis Jelinek, M.D.
Gertrude M. Juste, M.D.
Brandon M. Maveal, M.D.
Stephen Robinson, M.D.
Sierra A. Shoham, D.O.
(Natalia Belova, M.D.)
(Kenneth Hutchins, M.D.)
(Benjamin Mathis, M.D.)
(Heidi L. Reinhard, M.D.)
(Tuyet Tran, D.O.)

District 18

John S. Daniel, M.D.
Matrina J. Schmitt, M.D.
(Patricia A. Aronica, M.D.)
(May Jennifer Amolat-Apiado, M.D.)
(Raman Baldzizhar, M.D.)
(Jacqueline A. Benjamin, M.D.)
(Barbara Bollinger, M.D.)
(Thomas M. Coyne, M.D.)
(Brandon Maveal, M.D.)
(Aaron J. Rosen, M.D.)
(Adrienne Sauder, M.D.)

District 19

Raman Baldzizhar, M.D.
Barbara Bollinger, M.D.
Stefanie J. Grewe, M.D.
Adrienne Sauder, M.D.
(Michael D. Bell, M.D.)
(Joseph M. Curran, M.D.)
(Marie H. Hansen, M.D.)
(Gertrude M. Juste, M.D.)
(Wendy A. Lavezzi, M.D.)
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(Vera V. Volnikh, M.D.)
(Barbara C. Wolf, M.D.)
(Sara H. Zydowicz, D.O.)

District 20

Andrea N. Minaryard, M.D.
(Michael D. Bell, M.D.)
(Rebecca A. Hamilton, M.D.)
(Emma O. Lew, M.D.)

District 21

Colin D. Appleford, D.O.
Noella Aleamar Hernandez, M.D.
Sarah C. Thomas, M.D.
(Michael D. Bell, M.D.)
(Manfred C. Borges, M.D.)
(Wilson A. Broussard, Jr., M.D.)
(Leszek Chrostowski, M.D.)
(Marta U. Coburn, M. D.)
(Riazul H. Imami, M.D., Ph.D.)
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Omar Ansari, M.D.
Leszek Chrostowski, M.D.
Valerie J. Rao, M.D.
(Wilson A. Broussard, Jr., M.D.)
(Phouthasone Thirakul, M.D.)
(Suzanne R. Utley-Bobak, M.D.)

District 23

Michael Kritselis, D.O.
Iana Lesnikova, M.D.
(James W. Fulcher, M.D.)
(Ruth Kohlmeier, M.D.)
(Robert Pfalzgraf, M.D.)

District 24

ME Services Provided by District 5

District 25

ME Services Provided by District 9

MEC 11G Florida Administrative Code Review

Section 120.54, Florida Statute (F.S), was modified in the 2025 legislative session. As part of the modification all Florida Administrative Code (F.A.C.) Rules are required to be reviewed within a 5-year cycle. Due to this a packet with rule language and proposed changes are included with the February 2026 meeting packet. We ask that you review the information before the meeting.

As it relates to the Commission at the meeting itself, we ask that the MEC:

- Review and determine if scheduled rules need updating (no action needed vs. update needed).
- If update is needed, summarize and discuss the substantive content of the update if not already identified.
- If change is needed, vote to start the Rule Development process.

Medical Examiners Commission staff will handle the Rule Development process and any technical changes related to wording.

The 2025-2026 scheduled F.A.C. for review are:

- 11G-1.001
- 11G-5.002

There are no anticipated changes needed for these scheduled rules.

There are anticipated changes due to pending legislation that we are moving forward with as if they would be implemented into law. These rules, specifically regarding the appointment of district medical examiners by the MEC, have been drafted for your review.

- 11G-2.005
- 11G-5.003
- 11G-5.004

There is one request for change in the below rule due to biometric procedure updates since last updated.

- 11G-2.002

FLORIDA DEPARTMENT OF LAW ENFORCEMENT

MEDICAL EXAMINERS COMMISSION



Fiscal Year 2026 – 2027

Proposed Rules and Forms for Rule 11G
Prepared for Commission Business Meeting

February 17, 2026

Last Updated **February 4**, 2026

**MEDICAL EXAMINERS COMMISSION (MEC)
2026-2027 RULE SUMMARY DOCUMENT**

Page No.	Rule Number	Rule Name	Description of Rule Revision and Reason for the Revision	Summary of the Rule Revision
4	11G-2.002(1)(e)	Identification	Removes the FDLE/Department from the biometric system processes and the investigating agency submits fingerprints directly to the appropriate systems.	Removes the FDLE/Department from the biometric system processes.
6	11G-2.005(1)(a)	Records, Autopsy Report	Changes the appointing body for the District Medical Examiners from Governor-appointed to Medical Examiners Commission-appointed, pursuant to the anticipated 2026 legislative changes in Chapter 406, Florida Statutes.	Changes the appointing body for the District Medical Examiners from Governor-appointed to Medical Examiners Commission-appointed.
8	11G-5.004	Process for District Medical Examiner Candidate Nomination	Revises the rule title to remove the Governor from the nomination process for selecting District Medical Examiner Candidates.	N/A
8	11G-5.003	District Medical Examiner Terms of Office	Specifies that the 3-year terms of office for district medical examiners will be appointed by the Medical Examiners Commission instead of the Governor, pursuant to anticipated 2026 legislative changes in Chapter 406, Florida Statutes.	Changes the appointing body for district medical examiner terms of office from the Governor to the Medical Examiners Commission.
9	11G-5.004	Process for District Medical Examiner Candidate Appointment	Revises the rule title to remove the Governor from the nomination process for selecting District Medical Examiner Candidates.	N/A
9	11G-5.004(1)	Process for District Medical Examiner Candidate Appointment	Revises the Policy Statement to mirror the revised rule title to remove the Governor from the nomination process for selecting district medical examiner candidates and specifies that nominations will be made to the Medical Examiners Commission, pursuant to anticipated 2026 legislative changes in Chapter 406, Florida Statutes.	Changes the Policy Statement to reflect that district medical examiner nominations for appointment are made to the Commission instead of the Governor.
9	11G-5.004(3)(a)	Process for District Medical Examiner Candidate Appointment	Changes the procedure to fill a district medical examiner vacancy and specifies that the Commission will no longer have to notify the Governor regarding vacant or anticipated vacant district medical examiner candidates, pursuant to anticipated 2026 legislative changes in Chapter 406, Florida Statutes.	Changes the procedure for filling a district medical examiner vacancy.

**MEDICAL EXAMINERS COMMISSION (MEC)
2026-2027 RULE SUMMARY DOCUMENT**

Page No.	Rule Number	Rule Name	Description of Rule Revision and Reason for the Revision	Summary of the Rule Revision
10	11G-5.004(3)(b)5.	Process for District Medical Examiner Candidate Appointment	Changes the procedure to fill a district medical examiner vacancy and specifies that the Commission will no longer have to notify the Governor regarding vacant or anticipated vacant district medical examiner candidates, pursuant to anticipated 2026 legislative changes in Chapter 406, Florida Statutes.	Changes the procedure for filling a district medical examiner vacancy.
10	11G-5.004(3)(c)2.	Process for District Medical Examiner Candidate Appointment	Changes the procedure to fill a district medical examiner vacancy and specifies that the Commission will no longer have to notify the Governor regarding vacant or anticipated vacant district medical examiner candidates, pursuant to anticipated 2026 legislative changes in Chapter 406, Florida Statutes.	Changes the procedure for filling a district medical examiner vacancy.
10	11G-5.004(3)(d)	Process for District Medical Examiner Candidate Appointment	Changes the procedure to fill a district medical examiner office vacancy and specifies that the Commission will no longer have to provide nomination candidates to the Governor prior to expiration of 6 months from the date of vacancy, pursuant to anticipated 2026 legislative changes in Chapter 406, Florida Statutes.	Changes the procedure for filling a district medical examiner vacancy.
10	11G-5.004(3)(e)	Process for District Medical Examiner Candidate Appointment	Changes the procedure to fill a district medical examiner office vacancy and specifies that the Commission will no longer have to provide nomination candidates to the Governor prior to expiration of 6 months from the date of vacancy, pursuant to anticipated 2026 legislative changes in Chapter 406, Florida Statutes.	Changes the procedure for filling a district medical examiner vacancy.
11	11G-5.004(3)(f)	Process for District Medical Examiner Candidate Appointment	Removes the requirement for the Commission to notify the Office of the Governor regarding district medical examiner candidates submitted by the candidate search committee and unacceptable by the Commission, pursuant to anticipated 2026 legislative changes in Chapter 406, Florida Statutes.	Changes the notification requirement for district medical examiner candidates submitted by the candidate search committee.

**CHAPTER 11G-1
ORGANIZATION**

11G-1.001	Purpose, Definitions
11G-1.002	Associate Medical Examiners, Ethics
11G-1.003	General Procedures, Agenda, Declaratory Statement (Repealed)
11G-1.004	Commission Office (Repealed)
11G-1.005	Approved Forms (Repealed)
11G-1.006	Statutes and Rules Affecting Agency (Repealed)

11G-1.001 Purpose, Definitions.

(1) The Medical Examiners Commission adopts rules pursuant to Section 406.04, F.S., to comply with the requirements of Chapter 406, Part I, F.S., and rule Division 11G, F.A.C., shall read in conjunction with Chapter 406, Part I, F.S.

(2) The following terms shall be deemed controlling for rule Division 11G, F.A.C., and Chapter 406, Part I, F.S., unless otherwise defined in Chapter 406, Part I, F.S.:

(a) "Associate medical examiner" means associate medical examiner as defined in Section 406.06, F.S.

(b) "Autopsy" means autopsy as defined in Section 872.04(1), F.S.

(c) "Charge" of a dead body means administrative control over the location, transportation, and disposition of the body, and does not imply custody of the body.

(d) "Custody" of a dead body means physical possession of the body, and does not imply charge of the body.

(e) "District medical examiner" means district medical examiner as defined in Section 406.06, F.S.

(f) "Identification photograph" means a still image of the face, ear, tattoo, or other distinctive mark of a dead human body, taken for identification purposes only and that includes a medical examiner case number.

(g) "Legally authorized person" means legally authorized person as defined in Section 497.005(39), F.S.

(h) "Medical examiner" means a district medical examiner, associate medical examiner, or substitute medical examiner.

(i) "Medical Examiners Commission" means "Medical Examiners Commission" as defined in Section 406.06, F.S.

(j) "Photograph of an autopsy" does not include an identification photograph, a photomicrograph, or a photoradiograph.

(k) "Photomicrograph" means a still image of tissue depicting histologic detail, captured through a microscope.

(l) "Photoradiograph" means an image produced by the capture of radiation or other forms of non-visible energy, which depicts the structure of objects through which the radiation or energy has passed.

(m) "Substitute medical examiner" means a medical examiner appointed pursuant to Section 406.15, F.S.

Rulemaking Authority 406.04 FS. Law Implemented 406.02, 406.06, 406.17 FS. History—New 10-18-81, Formerly 11G-1.01, Amended 7-6-99, 5-21-12.

11G-1.002 Associate Medical Examiners, Ethics.

(1) An appointment of an associate medical examiner expires with the expiration of the appointment of the district medical examiner who appointed him or her.

(2) The district medical examiner shall file with the Medical Examiners Commission written notice of the appointment, resignation, or removal of each associate medical examiner.

(3) The district medical examiner shall supervise the work and work product of associate medical examiners to ensure consistency and quality.

(4) The medical examiners, their agents, servants and employees shall not be the agents, servants or employees of the Florida Department of Law Enforcement or the Medical Examiners Commission and shall not be entitled to any benefits granted employees of the Florida Department of Law Enforcement.

(a) The Florida Department of Law Enforcement shall not be deemed to assume any liability for the acts, omissions to act or negligence of the medical examiners, their agents, servants and employees.

(b) Medical examiners are subject to the provisions of the Code of Ethics for Public Officers and Employees, Chapter 112, Part III, F.S. Medical examiners shall become familiar with the Code of Ethics and ensure that they are in compliance with the requirements stated therein.

(c) Medical examiners or their business entities are permitted to provide services if the terms and conditions of Section 112.313(12), F.S., (exemptions) are met.

(d) A medical examiner shall not:

1. Obtain any rental space or equipment from a business or professional association in which the medical examiner or the spouse or children of the medical examiner have a business interest unless the county he or she serves determines that any one of the exemptions cited in Section 112.313(12), F.S., applies.

2. Utilize a business or professional association in which the medical examiner or the spouse or children of the medical examiner have a business interest for any services, including but not limited to secretarial, laboratory, courier, and investigative, unless the county the medical examiner serves determines that any one of the exemptions cited in Section 112.313(12), F.S., applies.

3. Participate in any way with the county in the determination of the bid specifications or the determination of the lowest or best bidder for the services, rental space or equipment if his or her business or professional association is to submit a bid proposal to provide these services, rental space or equipment.

4. Allow an organ or tissue procurement agency to provide employees or the salaries for any members of the medical examiner's office.

Rulemaking Authority 406.04 FS. Law Implemented 112.313, 406.02, 406.06, 406.17 FS. History--New 10-18-81, Formerly 11G-1.02, Amended 4-11-88, 12-26-88, 8-28-91, 2-23-93, 8-22-00, 7-29-01, 5-21-12.

11G-1.003 General Procedures, Agenda, Declaratory Statement.

Rulemaking Authority 120.53(1), 406.04 FS. Law Implemented 120.53(1) FS. History--New 10-18-81, Formerly 11G-1.03, Repealed 7-6-99.

11G-1.004 Commission Office.

Rulemaking Authority 406.04 FS. Law Implemented 120.53(1) FS. History--New 10-18-81, Formerly 11G-1.04, Amended 4-11-88, Repealed 7-6-99.

11G-1.005 Approved Forms.

Rulemaking Authority 120.53(1)(b), 406.04 FS. Law Implemented 120.53(1)(b), 120.55(1)(a), 406.04 FS. History--New 12-3-81, Formerly 11G-1.05, Repealed 7-10-85.

11G-1.006 Statutes and Rules Affecting Agency.

Rulemaking Authority 120.53(1)(a), 406.04 FS. Law Implemented 120.53(1)(a), 406.04 FS. History--New 12-3-81, Formerly 11G-1.06, Repealed 6-29-95.

**CHAPTER 11G-2
STANDARD INVESTIGATION PROCEDURES**

11G-2.001	Determination of Jurisdiction, Preliminary Procedures
11G-2.002	Identification
11G-2.003	Investigation
11G-2.0031	SIDS Autopsy Protocol (Repealed)
11G-2.004	Physical Evidence, Body Parts, Specimens
11G-2.005	Records, Autopsy Report
11G-2.006	Practice Guidelines

11G-2.001 Determination of Jurisdiction, Preliminary Procedures.

(1) When a death is reported to the medical examiner pursuant to Section 406.12, F.S., or the medical examiner learns or is notified of a death in his or her district the medical examiner shall:

(a) Make inquiry to determine whether to examine, investigate, or autopsy pursuant to Section 406.11, F.S., and to determine whether to take charge of the body pursuant to Section 406.13, F.S.

(b) Record the findings and conclusions supporting the medical examiner's determination of cause of death in the permanent records of the medical examiner, in sufficient detail to allow a review of the circumstances, regardless of whether examination of the body or certification of the death by the medical examiner is required.

(c) Notify the person having custody of the body when the medical examiner has relinquished charge of a body not in the custody of the medical examiner.

(2) If a medical examiner makes an investigation solely pursuant to Section 406.11(1)(c), F.S., the medical examiner shall relinquish charge of the body when the medical examiner has autopsied the body, or has determined the cause of death by inquiry.

(3) If a medical examiner becomes aware of a death, apparently from disease, he or she shall investigate it as a death from a disease constituting a threat to the public health, if:

(a) The investigation is requested by an official of the Department of Health pursuant to Section 381.0011 or 381.0012, F.S., or

(b) The medical examiner determines that additional information concerning the cause and mechanism of death, beyond that available in the decedent's medical history, is needed to protect the public health.

(4) If the medical examiner takes charge of a body pursuant to Section 406.11(1)(a) or (b), F.S., he or she shall:

(a) Inform the person who has custody of the body, pursuant to Section 406.12, F.S., that the body should not be embalmed or otherwise prepared for burial or disturbed until examined by the medical examiner;

(b) Arrange for transportation of the body;

(c) Notify the appropriate law enforcement official having jurisdiction over persons, criminal scenes or investigations, physical evidence, or records, pursuant to Section 406.14, F.S.;

(d) Ensure that the legally authorized person is notified that the medical examiner is investigating the death, when this can be done without hindering the legal purpose of the investigation and the identification and location of the legally authorized person is readily available. The contact with the legally authorized person, or the attempt to contact, shall be documented in the medical examiner's case file, whether such contact or attempt to contact is made by the medical examiner or through other persons or agencies such as hospital personnel, law enforcement agencies, funeral homes or friends of the deceased; and,

(e) Promptly notify the legally authorized person when the body can be released, provided the identification and location of the legally authorized person is known.

(5) Section 406.05, F.S., provides for cooperative arrangements among the several districts and Section 406.08(2), F.S., provides for fee payment when an autopsy is performed on a body when the death occurred outside the district. When such a cooperative arrangement is for the purpose of transporting the body of a person who dies in one medical examiner district (hereafter, district of jurisdiction) to another for autopsy or examination (hereafter, district of examination):

(a) The physician performing the examination must have a statutory appointment as an associate medical examiner in the district of jurisdiction pursuant to the provisions of Rule 11G-1.002, F.A.C.

(b) For each transfer of a body the medical examiner in the district of jurisdiction shall maintain in his or her files documentation of the agreement for the transfer; shall assign a case number from the district of jurisdiction; and shall

maintain copies of any reports of examination or opinion by the appointed associate medical examiner, records of identification of the body, and records of the transfer and release of the body to the legally authorized person.

(c) The medical examiner of the district of examination shall maintain in his or her files documentation of the agreement for the transfer and shall include the case number of the district of jurisdiction on all signed reports.

(d) Statistics that are sent to the Medical Examiners Commission staff shall be reported by the district of examination.

Rulemaking Authority 406.04, 406.05, 406.08 FS. Law Implemented 406.02, 406.04, 406.05, 406.08, 406.11, 406.13 FS. History--New 10-18-81, Amended 7-10-85, Formerly 11G-2.01, Amended 8-27-87, 11-24-87, 10-14-96, 7-6-99, 6-9-08, 5-21-12.

11G-2.002 Identification.

(1) If necessary to make an identification, or prior to the burial of any unidentified body, the medical examiner shall:

(a) Photograph and record a detailed description of the body; clothing, and personal effects;

(b) Obtain complete skeletal x-rays;

(c) Create thorough dental charts and x-rays;

(d) Retain samples for possible DNA profiling; and,

(e) Obtain a complete set of fingerprints, if possible, and these shall be forwarded ~~to the Department~~ by the ~~medical~~ examiner or through the investigating law enforcement agency.

(2) An identification photograph shall be taken of any body in the custody of the medical examiner.

(3) Unidentified remains of any person, in the custody of the medical examiner, that require a certificate of death pursuant to Section 382.008, F.S., shall not be cremated, donated for anatomic dissection, or buried at sea.

Rulemaking Authority 406.04 FS. Law Implemented 406.11, 406.13, 406.145 FS. History--New 10-18-81, Formerly 11G-2.02, Amended 8-22-00, 3-21-07, 5-21-12, _____.

11G-2.003 Investigation.

(1) A medical examiner shall investigate under the authority of Section 406.11, F.S., in order to determine the cause of death and such circumstances surrounding it as are necessary and in the public interest. Such an investigation shall consist of examinations or investigation as the medical examiner shall deem necessary, including but not limited to:

(a) An examination of the scene of death or injury and physical evidence;

(b) Questioning of relatives, witnesses, prior attending physicians, or law enforcement officers;

(c) An examination of the deceased's medical records;

(d) An examination or autopsy of the body, including the testing of specimens as provided in Rule 11G-2.004, F.A.C., and a complete or partial dissection;

(e) Such photographs as needed to record the findings.

(2) Medical examiner autopsies performed pursuant to Section 406.11, F.S., shall be performed by pathologists or directly supervised residents in pathology. Performance shall require in situ examination of the tissues pertinent to determining the cause of death and the removal of viscera pertinent to the determination of the cause of death. Removal of other organs and tissues during the autopsy shall be under the direct supervision of the pathologist. Direct supervision requires the presence of the supervising pathologist in the autopsy room.

(3) A medical examiner shall not:

(a) Opine a cause or manner of death, an identification of a dead body, or a disease or injury unless he or she has made such investigations, examinations, autopsies, and laboratory examinations to render an informed opinion; or

(b) Release human remains from custody until he or she has made such autopsies and has retained such specimens and effects to opine a cause or manner of death, an identification of a dead body, or a disease or injury, or support a criminal investigation.

(4) Examination for alcohol and appropriate chemical and drug concentrations shall be done in any autopsy when the death has resulted from violence and has occurred within twelve hours of injury.

(5) Absent good cause, an autopsy shall be performed when:

(a) A reasonable suspicion exists that a death might be by criminal violence or by any violence sustained in prison, a penal institution, or police custody.

(b) A reasonable suspicion exists that the death is by accident, suicide or poison, unless:

1. The death is by poison and the deceased has survived in a hospital for a time sufficient to metabolize the poison, or

Commented [GJ1]: 11G-2.002(1)(e):

Description of the Revision: Removes the FDLE/Department from the biometric system processes.

Why the rule is being revised: Removes the FDLE/Department from the biometric system processes and the investigating agency submits fingerprints directly to the appropriate systems.

Revised by: Ashley Bullard

2. The death is by accident or suicide and the cause of death can be determined from a review of the circumstances, history, and available medical records.

(c) The death of a child is apparently natural and occurs suddenly while in apparent good health.

(d) The circumstances of death are unusual or suspicious by reason of the body being unidentified after investigation, charred, or completely or partially skeletonized.

Rulemaking Authority 406.04 FS. Law Implemented 406.11, 406.13 FS. History--New 10-18-81, Formerly 11G-2.03, Amended 8-27-87, 9-23-93, 12-3-03, 5-21-12.

11G-2.0031 SIDS Autopsy Protocol.

Rulemaking Authority 383.3362(4), 406.04 FS. Law Implemented 383.3362, 406.11, 406.13 FS. History--New 10-14-96, Amended 7-6-99, Repealed 5-21-12.

11G-2.004 Physical Evidence, Body Parts, Specimens.

(1) Definitions. The following definitions apply to this section:

(a) "Body part". The entire head, an entire extremity, a portion of an extremity that includes a hand or foot, or the torso, of a dead human body. For human skeletal remains a body part is defined as a nearly complete skull, or most of the bones of extremity, or most of the bones of the torso.

(b) "Organ". An entire internal viscus, such as a brain, heart, larynx, lung, stomach, or uterus of a dead human body.

(c) "Tissue". A representative sample of a body part or organ, constituting a minority of the volume or mass of the part or organ.

(d) "Embedded tissue". Tissue which has been embedded in paraffin blocks, or the like, for the purpose of histological study.

(e) "Sections". Tissue mounted on glass slides for the purpose of histological staining.

(f) "Stained sections". Sections which have been stained for the purpose of microscopic examination.

(g) "Fluid". Liquid from a blood vessel, body cavity, hollow viscus, hematoma, or abscess of a dead human body. Fluids include blood, vitreous humor, bile, gastric content, urine, cerebrospinal fluid, and effusions.

(h) "Specimen". A body part, organ, tissue, fluid, embedded tissue, section, or stained section; or a swab from a body part, organ, tissue, or body surface.

(i) "Physical evidence". An item or items taken during an investigation which is believed to be pertinent to the determination of the cause of death, manner of death, identification of the deceased, determination of disease, injury or intoxication, or which is taken to answer anticipated questions in any investigation. Includes specimens.

(j) "Retained". With respect to specimens, kept by the medical examiner after the release of the remains to the legal authorized person.

(k) "Research". Any one of the following:

1. Procedures designed for therapy or resuscitation, performed on a dead human body for experiment or practice, unrelated to the determination of cause of death, mechanism of death, manner of death, presence of disease, injury, or intoxication, or identification of the deceased.

2. Testing of body parts or organs for purposes unrelated to the determination of cause of death, manner of death, presence of disease, injury, intoxication, or identification.

3. Testing of tissues or fluids by an experimental scientist that results in no report to the medical examiner.

4. Research does not include test development, test validation, quality assurance testing, or investigative work, utilizing tissues or fluids, when the tissues or fluids are received by a laboratory in support of a death investigation by a medical examiner.

(2) The medical examiner shall seize such physical evidence as shall be necessary to determine the cause and manner of death, presence of disease, injury, intoxication, and identification of the decedent, or to answer questions arising in criminal investigations, and shall label, prepare, analyze, examine, and catalog such evidence as needed.

(3) Physical evidence shall be retained by the medical examiner as follows:

(a) Stained sections shall be preserved indefinitely and embedded tissue preserved for at least ten years.

(b) Fixed organs shall be retained until the medical examiner has completed his or her studies of them.

(c) All other specimens shall be retained for one year.

(d) All other physical evidence not released to another investigative agency or to the owner shall be retained for one

year.

(c) Physical evidence that is retained for any period longer than is specified above must be held in accordance with Rule 11G-2.006, F.A.C.

(4) Requests for independent examination and analysis of physical evidence in the custody of the medical examiner shall be allowed by the medical examiner under his or her supervision and control in a manner designed to provide maximal preservation of the physical evidence. Unless compelling reasons dictate, irreplaceable, non-duplicable and non-divisible physical evidence such as embedded tissue shall not be released for independent analysis and examination.

(5) Physical evidence specimens no longer required to be retained by the medical examiner shall be disposed of.

(6) Procedures Concerning Body Parts.

(a) Human remains released by a medical examiner to the legally authorized person shall include all body parts unless the legally authorized person explicitly agrees to claim an incomplete body.

(b) If human remains recovered by the medical examiner are incomplete owing to dismemberment or decomposition, and there is a possibility that further body parts will be discovered subsequently, the legally authorized person shall be given the choice of claiming incomplete remains, or waiting to claim the remains until further parts are recovered.

(c) If a body part requires special examination, release of the remains should be delayed until the special examination is completed unless the legally authorized person explicitly chooses to claim incomplete remains.

(d) Body parts retained by the medical examiner shall be subsequently released to the legally authorized person or disposed of pursuant to paragraph (6)(e) of this rule section.

(e) Body parts not claimed by the legally authorized person are considered biomedical waste [Section 381.0098(2)(a), F.S.] and shall be destroyed by legally prescribed means, at the expense of the medical examiner.

(f) Evidentiary aspects of retained body parts shall be preserved by documentation by writing, photography, radiography or other indirect means, or by retention of tissue samples. Body parts themselves shall not be retained as evidence for legal proceedings.

(7) Retention, Utilization, and Destruction of Specimens.

(a) Permission of the legally authorized person is required for:

1. Retention of specimens solely for the purpose of research.

2. Research procedures, designed for therapy or resuscitation, performed on a dead human body for experiment or practice, unrelated to the determination of cause of death, mechanism of death, manner of death, presence of disease, injury, or intoxication, or identification of the deceased.

(b) Permission of the legally authorized person is not required:

1. To retain organs, tissues, sections, or fluids.

2. To destroy retained organs, tissues, sections, or fluids.

3. For the utilization of specimens for teaching and educational purposes, or publication in scientific or medical publications, or other purposes that are not research, when the specimens were retained for the determination of cause of death, manner of death, disease, injury, intoxication, identification of the deceased, or preservation of evidence.

4. For the utilization of medical examiner records for teaching and educational purposes, or publication in scientific or medical publications, when the records were created in the course of medical examiner death investigations.

Rulemaking Authority 406.04 FS. Law Implemented 406.11, 406.13 FS. History—New 10-18-81, Formerly 11G-2.04, Amended 8-27-87, 10-14-96, 7-29-01, 11-30-04, 5-21-12.

11G-2.005 Records, Autopsy Report.

(1) The district medical examiner shall keep among the official records:

(a) The appointment as district medical examiner by the Medical Examiners Commission ~~Governor~~;

(b) A copy of each letter of appointment, resignation, and removal of an associate medical examiner;

(c) A log or registry of all cases referred to the medical examiner;

(d) Records of all investigations performed, including findings, laboratory reports, photographs, and autopsy reports;

(e) Photocopies of all death certificates signed by a medical examiner;

(f) All other notes or documentation forming a record of an investigation; and,

(g) Documentation of the custody and surrender of dead bodies.

(2) Autopsy Report:

(a) The detailed findings of each autopsy shall be included in an autopsy report.

(b) The autopsy report shall be typed and shall include among the case identification data the following information:

Commented [GJ2]: 11G-2.005(1)(a):
Description of the Revision: Changes the appointing body for the District Medical Examiners from Governor-appointed to Medical Examiners Commission-appointed.
Why the rule is being revised: Changes the appointing body for the District Medical Examiners from Governor-appointed to Medical Examiners Commission-appointed, pursuant to the anticipated 2026 legislative changes in Chapter 406, Florida Statutes.
Revised by: Ashley Bullard

1. The medical examiner district or county;
2. The place, date, and time of the autopsy;
3. The name of the decedent, if known;
4. The medical examiner case number;
5. The name of the medical examiner responsible for the opinions; and,
6. The name of any other pathologist who performed or assisted with the autopsy.

(c) The autopsy report shall be signed by the medical examiner completing the autopsy and the signature line shall be dated.

(d) The autopsy report shall clearly distinguish objective observations from opinions. Among the objective observations to be included or appended shall be the gross observations, any microscopic observations, and any results of toxicology tests. Among the opinions to be included shall be the cause of death.

Rulemaking Authority 406.04 FS. Law Implemented 406.11, 406.13 FS. History—New 10-18-81, Formerly 11G-2.05, Amended 6-3-10, 5-21-12, _____.

11G-2.006 Practice Guidelines.

The duties and standards of care of a medical examiner are to be consistent with those contained in the “Practice Guidelines for Florida Medical Examiners, sponsored by the Florida Association of Medical Examiners,” revised July 28, 2010, incorporated by reference. The Practice Guidelines can be obtained at the Florida Department of Law Enforcement, Post Office Box 1489, Tallahassee, Florida, Attention Medical Examiner’s staff <http://www.flrules.org/Gateway/reference.asp?No=Ref-01104>.

Rulemaking Authority 406.04 FS. Law Implemented 406.075, 406.11, 406.13 FS. History—New 7-29-01, Amended 11-30-04, 3-21-07, 6-3-10, 5-21-12.

**CHAPTER 11G-5
DISTRICT MEDICAL EXAMINERS**

- 11G-5.001 Purpose (Repealed)
- 11G-5.002 Establishment of Medical Examiner Districts
- 11G-5.003 District Medical Examiner Terms of Office
- 11G-5.004 Process for District Medical Examiner Candidate Appointment Nomination to the Governor

11G-5.001 Purpose.

Rulemaking Authority 406.04 FS. Law Implemented 406.06(1)(a), 406.11(1) FS. History--New 2-23-93, Repealed 7-6-99.

11G-5.002 Establishment of Medical Examiner Districts.

The following districts and counties are designated as Florida's medical examiner districts:

- (1) District 1 – Escambia, Okaloosa, Santa Rosa, Walton;
- (2) District 2 – Franklin, Gadsden, Jefferson, Leon, Liberty, Taylor, Wakulla;
- (3) District 3 – Columbia, Dixie, Hamilton, Lafayette, Madison, Suwannee;
- (4) District 4 – Clay, Duval, Nassau;
- (5) District 5 – Citrus, Hernando, Lake, Marion, Sumter;
- (6) District 6 – Pasco, Pinellas;
- (7) District 7 – Volusia;
- (8) District 8 – Alachua, Baker, Bradford, Gilchrist, Levy, Union;
- (9) District 9 – Orange;
- (10) District 10 – Hardee, Highlands, Polk;
- (11) District 11 – Miami-Dade;
- (12) District 12 – DeSoto, Manatee, Sarasota;
- (13) District 13 – Hillsborough;
- (14) District 14 – Bay, Calhoun, Gulf, Holmes, Jackson, Washington;
- (15) District 15 – Palm Beach;
- (16) District 16 – Monroe;
- (17) District 17 – Broward;
- (18) District 18 – Brevard;
- (19) District 19 – Indian River, Martin, Okeechobee, St. Lucie;
- (20) District 20 – Collier;
- (21) District 21 – Glades, Hendry, Lee;
- (22) District 22 – Charlotte;
- (23) District 23 – Flagler, Putnam, St. Johns;
- (24) District 24 – Seminole;
- (25) District 25 – Osceola.

Rulemaking Authority 406.04 FS. Law Implemented 406.05 FS. History--New 2-23-93, Amended 8-15-18.

11G-5.003 District Medical Examiner Terms of Office.

The term of office for a district medical examiner appointed by the Commission governor shall be three years. An A gubernatorial appointment to fill a vacancy shall be for the unexpired portion of the term. For the purpose of administration, the 25 district medical examiners serve staggered terms, in accord with the following rotation:

- (1) First year – Districts 1 through 7;
- (2) Second year – Districts 8 through 14, and 25;
- (3) Third year – Districts 15 through 24.

Rulemaking Authority 406.04 FS. Law Implemented 406.06(1)(a) FS. History--New 2-23-93, Amended 5-21-12, 8-15-18, _____.

Commented [GJ3]: 11G-5.004:
Revises the rule title to remove the Governor from the nomination process for selecting District Medical Examiner Candidates.
Revised by: Ashley Bullard

Commented [GJ4]: 11G-5.003:
Description of the Revision: Changes the appointing body for district medical examiner terms of office from the Governor to the Medical Examiners Commission.
Why the rule is being revised: Specifies that the 3-year terms of office for district medical examiners will be appointed by the Medical Examiners Commission instead of the Governor, pursuant to anticipated 2026 legislative changes in Chapter 406, Florida Statutes.
Revised by: Ashley Bullard

11G-5.004 Process for District Medical Examiner Candidate Appointment Nomination to the Governor.

(1) Policy Statement. Nominations for appointment as a district medical examiner shall be made to the Commission only after solicitation of comments from city, county and state officials as well as from directors of funeral homes. ~~Candidates nominated by the Medical Examiners Commission will be submitted to the Governor within 30 days after the Commission has voted on the matter.~~ It is not the intent of the Commission to serve as the primary recruiting source for district medical examiner candidates, rather, the Commission intends that this responsibility should remain primarily within the district. The Commission will provide a medical examiner member of the Commission to participate in the candidate screening process at the district level.

(2) Procedure for Nomination for Reappointment of District Medical Examiners.

(a) Prior to the expiration of each incumbent district medical examiner's three year term of appointment, the Medical Examiners Commission staff shall survey by written correspondence the district's state attorney(s), public defender(s), sheriff(s), police chief(s), county commissioner(s), funeral home directors and a member of the local medical community. The survey will solicit input from each relevant to performance of the incumbent district medical examiner and ask for a "favorable" or "non-favorable" response regarding nomination for reappointment. Additionally, the survey will ask for suggestions for improving district medical examiner services. The survey shall request recommendations for the nomination of the incumbent or any other qualified candidate(s) to serve as district medical examiner.

(b) A summary of the survey results shall be provided to the Commission. Copies of the survey responses shall be forwarded to the incumbent district medical examiner by Commission staff. The incumbent, together with any other qualified candidates named in the survey responses, shall be notified in writing as to the date, time and place of the Commission meeting which will be considering the reappointment of the district medical examiner.

(c) The Commission chairman may request establishment of a committee, as referred to in paragraph 11G-5.004(3)(b), F.A.C., to address concerns regarding the incumbent district medical examiner raised in the survey responses or to initiate a search for other candidates for nomination by the Commission.

(3) Procedure to fill a District Medical Examiner Vacancy.

(a) The Commission ~~Governor will be notified by the Commission~~ upon determination that a district medical examiner position has become vacant or is anticipated to become vacant. ~~The Commission~~ shall also notify the respective state attorney(s), public defender(s), sheriff(s), police chief(s), county commission(s) and funeral home directors for that medical examiner district, requesting that names of potential candidates for the position of district medical examiner be submitted to the candidate search committee established in paragraph 11G-5.004(3)(b), F.A.C.

(b) Within 30 days of being notified of a vacancy or anticipated vacancy, the Chairman of the Commission shall call for a district candidate search committee to be established and appoint a chairman. The search committee shall consist of invited representatives from the offices of the state attorney(s), public defender(s), sheriff(s), police chief(s), county commission(s), funeral homes and a representative of the local medical community from within the bounds of that particular medical examiner district and a physician member of the Medical Examiners Commission or other medical examiner designated by the Chairman. The search committee shall be requested to:

1. Seek applications from interested candidates who are licensed physicians and experienced practitioners of pathology who possess qualifications to take the examination or already possess the primary certification offered by the American Board of Pathology, American Osteopathic Board of Pathology, or equal qualification rendered by a non-United States medical specialty certifying agency.

2. Establish an interview team, which shall have a quorum of three participants, to interview interested candidates meeting minimum position qualifications. If the district includes a medical school, the dean of the medical school should be invited to participate as a member of the interview team.

3. Assure that the candidate(s) recommended to the Commission for nomination as district medical examiner is in agreement with the respective county representatives regarding the medical examiner budget as outlined in section 406.06(3), F.S.

4. Review background information about the final candidate(s) from present and past sources, to include a criminal history check, comments of county medical associations, employment references, local hospitals, government agencies and funeral homes with which the candidate(s) has a prior working relationship. Background inquiries should incorporate information on work performance and working relationships, as well as the candidate(s) reasons for and circumstances of leaving employment.

Commented [GJ5]: 11G-5.004:

Revises the rule title to remove the Governor from the nomination process for selecting District Medical Examiner Candidates.

Revised by: Ashley Bullard

Commented [GJ6]: 11G-5.004(1):

Description of the Revision: Changes the Policy Statement to reflect that district medical examiner nominations for appointment are made to the Commission instead of the Governor.

Why the rule is being revised: Revises the Policy Statement to mirror the revised rule title to remove the Governor from the nomination process for selecting district medical examiner candidates and specifies that nominations will be made to the Medical Examiners Commission, pursuant to anticipated 2026 legislative changes in Chapter 406, Florida Statutes.

Revised by: Ashley Bullard

Commented [GJ7]: 11G-5.004(3)(a):

Description of the Revision: Changes the procedure for filling a district medical examiner vacancy.

Why the rule is being revised: Changes the procedure to fill a district medical examiner vacancy and specifies that the Commission will no longer have to notify the Governor regarding vacant or anticipated vacant district medical examiner candidates, pursuant to anticipated 2026 legislative changes in Chapter 406, Florida Statutes.

Revised by: Ashley Bullard

5. Submit an interview package to the Medical Examiners Commission staff for each candidate recommended to **the** Commission for **appointment nomination** consisting of: pertinent correspondence regarding the candidate(s); results of background inquiries; letters of reference; and a letter from the candidate(s) to the Commission staff authorizing the release of information from former employers and the Board of Medicine in the state in which the candidate(s) is or was licensed.

6. Complete the candidate selection and interview process and submit interview packages to the Commission within 90 days of appointment of the candidate search committee unless additional time is requested in writing and approved by the Commission Chairman.

(c) The Commission staff shall review interview packages for completeness, prior to their being submitted to the Medical Examiners Commission and, if directed by the Chairman, make additional inquiries concerning the candidate's background or qualification.

1. The Commission staff shall verify each candidate's medical licensure status.

2. The Commission staff shall notify all candidates in writing of the time and place of the Commission meeting at **which** the district nomination(s) **and appointment** will be considered.

(d) The Commission, by majority vote, shall **appoint nominate one or more candidates to the Governor**, to fill a **district** medical examiner office vacancy prior to the expiration of six months from the date of the vacancy. Nothing herein is intended to restrict the Commission's consideration of candidates for nomination **and appointment** only to those persons who may be recommended by a candidate search committee.

(e) The Commission will notify each candidate in writing as to the action taken by the Commission regarding **their** nomination **or appointment** as district medical examiner.

Commented [GJ8]: 11G-5.004(3)(b)5.:

Description of the Revision: Changes the procedure for filling a district medical examiner vacancy.

Why the rule is being revised: Changes the procedure to fill a district medical examiner vacancy and specifies that the Commission will no longer have to notify the Governor regarding vacant or anticipated vacant district medical examiner candidates, pursuant to anticipated 2026 legislative changes in Chapter 406, Florida Statutes.

Revised by: Ashley Bullard

Commented [GJ9]: 11G-5.004(3)(c)2.:

Description of the Revision: Changes the procedure for filling a district medical examiner vacancy.

Why the rule is being revised: Changes the procedure to fill a district medical examiner vacancy and specifies that the Commission will no longer have to notify the Governor regarding vacant or anticipated vacant district medical examiner candidates, pursuant to anticipated 2026 legislative changes in Chapter 406, Florida Statutes.

Revised by: Ashley Bullard

Commented [GJ10]: 11G-5.004(3)(d):

Description of the Revision: Changes the procedure for filling a district medical examiner vacancy.

Why the rule is being revised: Changes the procedure to fill a district medical examiner office vacancy and specifies that the Commission will no longer have to provide nomination candidates to the Governor prior to expiration of 6 months from the date of vacancy, pursuant to anticipated 2026 legislative changes in Chapter 406, Florida Statutes.

Revised by: Ashley Bullard

Commented [GJ11]: 11G-5.004(3)(e):

Description of the Revision: Changes the procedure for filling a district medical examiner vacancy.

Why the rule is being revised: Changes the procedure to fill a district medical examiner office vacancy and specifies that the Commission will no longer have to provide nomination candidates to the Governor prior to expiration of 6 months from the date of vacancy, pursuant to anticipated 2026 legislative changes in Chapter 406, Florida Statutes.

Revised by: Ashley Bullard

(f) The Commission will notify the chairman of the candidate search committee in writing on action taken by the commission regarding candidates submitted by the district to fill a district medical examiner vacancy. If the Commission does not vote to ~~appoint~~ ~~n~~ominate any of the candidates submitted by the candidate search committee, the chairman of the committee may be requested to submit other candidates. ~~The Office of the Governor will be notified that none of the candidates submitted for that district were acceptable and that the position is still vacant.~~

Rulemaking Authority 406.04 FS. Law Implemented 406.06(1)(a) FS. History—New 2-23-93, Amended 9-27-93, 5-21-12, _____.

Commented [GJ12]: 11G-5.004(3)(f):

Description of the Revision: Changes the notification requirement for district medical examiner candidates submitted by the candidate search committee.

Why the rule is being revised: Removes the requirement for the Commission to notify the Office of the Governor regarding district medical examiner candidates submitted by the candidate search committee and unacceptable by the Commission, pursuant to anticipated 2026 legislative changes in Chapter 406, Florida Statutes.

Revised by: Ashley Bullard

THE STATE OF FLORIDA

**FATALITY MANAGEMENT
RESPONSE PLAN**

of the

**FLORIDA MEDICAL EXAMINERS
COMMISSION**



Version 8.0
February 17, 2026

(To supplement the State Comprehensive Emergency Management Plan)

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I. Plan Authority

The Medical Examiners Act, Chapter 406, Part I, Florida Statutes, was enacted by the 1970 Legislature in order to establish minimum and uniform standards of excellence in statewide medical examiner services. The Florida Medical Examiners Commission provides guidance for districts throughout the state pursuant to its charge to initiate cooperative policies with any agency of the state or political subdivision thereof.

Under Chapter 406.11, Florida Statute, specific death scenarios fall under the jurisdiction of the medical examiner. Such scenarios include deaths resulting from accidents, homicides, suicides, and certain natural deaths which could include those constituting a threat to public health. The range of circumstances includes both man-made and natural disasters.

In addition, Chapter 11G, Florida Administrative Code, the rules of the Medical Examiner Commission, also provides specific guidelines and mandates certain procedures that should be considered even when dealing with a disaster.

II. Plan Responsibility

The Florida Medical Examiners Commission has the responsibility to produce and maintain this State of Florida Fatality Management Response Plan.

III. Plan Revision History

Version 1, Adopted at the Medical Examiner's Commission meeting of January 17, 2007
Version 2, Adopted at the Medical Examiner's Commission meeting of May 21, 2010
Version 3, Adopted at the Medical Examiner's Commission meeting of May 25, 2012
Version 4, Adopted at the Medical Examiner's Commission meeting of May 4, 2018
Version 5, Adopted at the Medical Examiner's Commission meeting of December 20, 2020
Version 6, Adopted at the Medical Examiner's Commission meeting of July 19, 2023
Version 7, Adopted at the Medical Examiner's Commission meeting of May 13, 2025
Version 8, Adopted at the Medical Examiner's Commission meeting of February 17, 2026

IV. Introduction

The focus of this plan is to identify methods through which medical examiners may obtain support assets to accomplish the goals of identifying the deceased and arranging proper final disposition. No attempt is made here to create a one-size-fits-all operational set of procedures, as each district is unique. Rather, it presents major categories of service response that must be adapted to the nature of disasters ranging from naturally occurring events (hurricanes, floods, fires, etc.) to manmade events including delivery of weapons of mass destruction (bomb/blast, chemical, nuclear, or biological). Natural disease outbreaks occurring under normal circumstances (e.g. not terrorist related) do not normally fall under the jurisdiction of the medical examiner.

Support assets are provided to the medical examiner via the system of a County-level Emergency Operations Center's Emergency Support Function 8 (ESF-8) – Health and Medical Services. The purpose of ESF-8 is to coordinate the State's health, medical, and limited social service assets in case of an emergency or disaster situation. This includes adoption of a Catastrophic Incident Response Plan for response to events that create excessive surge capacity issues for pre-hospital, hospital, outpatient, and mortuary services. The Fatality Management Response Plan addresses mortuary surge capacity issues and methods to respond to and mitigate such issues.

The sequence for requesting support assets calls for exhausting local assets (city and/or county) before requesting state assets. Likewise, state assets should be exhausted before requesting federal assets.

There are two primary state-level teams, and one federal-level team that can provide major resources to a medical examiner district when having to deal with an incident that exceeds assets of the local city, county, and state government.

The first is the Florida Emergency Mortuary Operations Response System (FEMORS) which is a State of Florida asset sponsored by the Florida Department of Health (ESF-8) that may be requested by the medical examiner when the Governor has issued an Executive Order declaring a state of emergency. It may also be requested in the absence of a declared emergency. However, in such non-declaration cases the local government issuing the request would be responsible for reimbursing the State agency deploying FEMORS for costs incurred.

Another asset located within the state of Florida is the Florida Air National Guardia Fatality Search and Recovery Team (FSRT). This asset can be deployed by the National Guard (ESF-13) and FSRT members can provide field search and recovery, transport, and limited refrigerated human remains storage. FSRT members are not forensic scientists or crime scene analysts, and do not provide disaster victim identification services.

The federal asset is the National Disaster Medical System's Disaster Mortuary Operational Response Team (DMORT). When a federal declaration has been made concerning a local disaster, a request can be made via ESF-8 to deploy a DMORT team (personnel and equipment) to the disaster site.

The major distinction between DMORT and FEMORS is that FEMORS responds more quickly and can staff and manage an incident for approximately 30 to 60 days. If the activation period is anticipated to require a longer support time, DMORT may be called upon to assist. Any transitional change would not impact disaster operations and be totally seamless since both FEMORS and DMORT have a similar operational plan and equipment.

FEMORS can assist the medical examiner with an incident assessment within 2-4 hours and be onsite and operational in 1 to 2 days. DMORT can take several days to arrive on site and commence operations, especially for a no-notice event.

Both teams can provide an incident morgue with all its ancillary equipment and staffing of various forensic teams within the morgue (i.e. pathology, personal effects, evidence collection, radiology, fingerprints, odontology, anthropology, and DNA collection). They also may assist in initial scene evaluation, recovery of human remains, collection of missing person information, victim identification, records management, and disposition of human remains.

V. Concept of Operations

A. General

1. Mass fatality incidents have the potential to quickly overwhelm the resources of a medical examiner's operation depending on the capacity of the facility, the number of fatalities, and the condition of the human remains. Medical examiner offices that are overwhelmed may seek assistance at local, state, and federal levels.
2. Disaster incidents may range from just a few victims to very high numbers. Additionally, the

incident may involve one or more of the following complications:

- a. Biological agent exposure events resulting in infectious or toxic agent contaminated victims,
- b. Bomb/Blast events resulting in burned and fragmented human remains,
- c. Chemical exposure events resulting in hazardous material contaminated victims,
- d. Radiological exposure events resulting in radiation material contaminated victims,
- e. Transportation accidents resulting in fragmented human remains,
- f. Weather events resulting in drowning and blunt trauma victims, or
- g. Natural disease outbreaks.

3. These complications can arise regardless of whether the incident was an act of nature, a minor or catastrophic accident, a terrorist act, an outbreak of infectious disease, or the intentional release of a weapon of mass destruction.

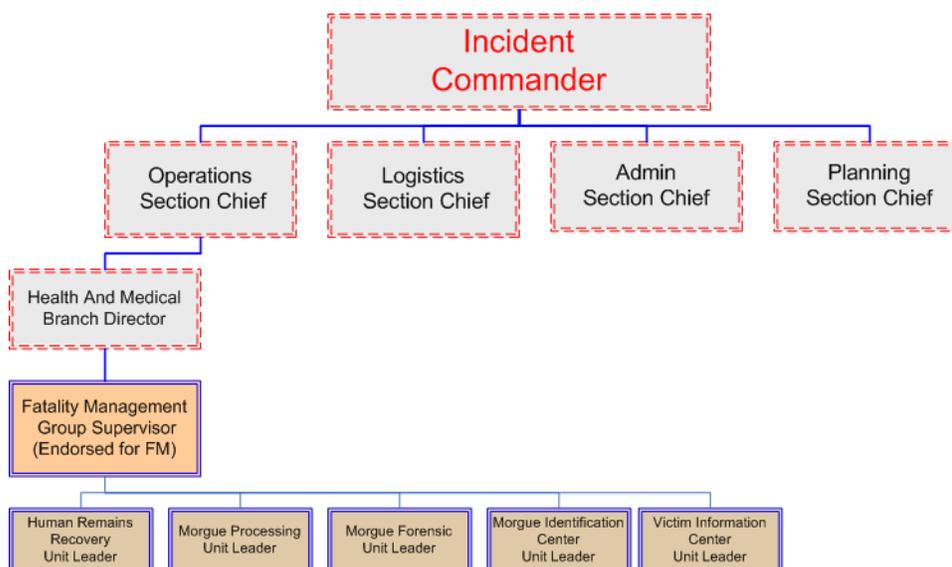
4. Deaths resulting from acts of homicide, suicide, or accident, and those constituting a threat to public health, fall under the jurisdiction of the medical examiner (Chapter 406.11, Florida Statutes). For this reason, the medical examiner assumes custody of any such death to determine the cause of death, document identity, and initiate the death certificate.

5. The five primary functions of the Fatality Management mission are:

- a. Command/Control,
- b. Recovery,
- c. Morgue (postmortem processing),
- d. Victim Information (antemortem processing), and
- e. Identification confirmation.



6. Management of the overall disaster is accomplished using the Incident Command System (ICS) as codified by the National Incident Management System (NIMS). The primary functions of Command, Operations, Planning, Logistics, and Administration/Finance are the foundation of a scalable platform that can expand or contract as the scope of the disaster dictates. Typically, under the Operations Section Chief, there will be a Health and Medical Branch Director managing a variety of Group Supervisors for Medical Response/EMS, Sheltering, Special Needs, Fatality Management, and others.



7. The medical examiner (serving as the **Fatality Management Group Supervisor**) may obtain

additional resources by identifying equipment and personnel assets needed to manage the surge of deceased victims and channeling those requests through the local Emergency Operations Center. This would include specialized state and federal assets to assist with decontamination of victims of exposure to chemical, radiological, or biological agents.

8. Normally the local or State Emergency Operations Center processes such requests through its ESF-8 desk. Except in rare circumstances involving military or certain federal employees, the medical examiner retains control of, and responsibility for, handling the deceased. All assets activated to assist with fatality management operate under the direction of the medical examiner. Once the requested assets arrive, the medical examiner has the responsibility to coordinate, integrate, and manage those assets.
9. Resources available for activation may also include personnel experienced in Incident Command System operations capable of augmenting the medical examiner's staff in certain management functions and providing valuable liaison services to Incident Command and the ESF-8 desk. For example, the medical examiner may delegate the role of serving as the Fatality Management Group Supervisor to a member of the FEMORS team.

B. Organization

PRIMARY AGENCY:

Florida Department of Health

SUPPORT AGENCIES:

Florida Department of Law Enforcement (FDLE)
Florida Medical Examiners Commission (MEC)
Florida Emergency Mortuary Operations Response System (FEMORS)
Florida Air National Guard Fatality Search and Recovery Teams

FEDERAL AGENCIES:

Department Health and Human Services National Disaster Medical System (NDMS) which provides:

- Disaster Mortuary Operational Response Team (DMORT)
1. Florida's Department of Health is designated as the lead agency for providing health and medical services under ESF-8. The roles of the primary and support agencies are enumerated in the state's Comprehensive Emergency Management Plan, specifically in Appendix VIII: ESF-8 – Public Health and Medical Services.
 2. When necessary, federal ESF-8 resources will be integrated into the state ESF-8 response structure.
 3. Local Health Departments and Emergency Operations Centers operate at the county level in each of Florida's 67 counties.
 4. Medical examiners operate under a district system whereby they exercise authority for a single county or multiple counties. The 25 districts are covered by 22 medical examiner offices because Districts 2, 4, and 8 cover District 3 (Columbia, Dixie, Hamilton, Lafayette, Madison, and Suwannee Counties), District 5 covers District 24 (Seminole County), and District 9 covers District 25 (Osceola county). (See Section XI – Medical Examiner Districts)
 5. The Florida Medical Examiners Commission provides oversight for districts throughout the state. In the absence of other reporting procedures, the Commission serves as the information

clearinghouse on the status of reported fatalities due to a disaster.

6. Regional Domestic Security Task Forces (RDSTF) operate at a regional level with the State divided into 7 regions covering multiple counties each. Each RDSTF Region covers several medical examiner offices (while 5 medical examiner districts are covered by more than one RDSTF Region). RDSTFs provide law enforcement oversight for disasters and incorporate both local and state law enforcement agencies as well as ancillary agencies including fire service, search and rescue, health and medical services, and others. RDSTFs support the emergency management structure established for the disaster. This may be a single county Emergency Operation Center or, in the case of a multi-jurisdictional event, a Joint Emergency Operation Center as well as the State Emergency Operation Center. Close coordination of the medical examiner's role of processing human remains with law enforcement's role of investigating the incident and tracking missing person reports is essential throughout the response effort.
7. Florida's Emergency Mortuary Operations Response System (FEMORS) is a team of qualified "reserve" forensic professionals who can be deployed by ESF-8 to supplement the needs of the medical examiner(s) affected by a mass fatality incident. FEMORS is a sponsored activity of the University of Florida in collaboration with the Florida Department of Health.

C. Notifications

1. Medical examiner notification to the local Emergency Operations Center is the first step in obtaining supplemental resources. If not already activated by another method of notification, this action results in contact through the State Warning Point to activate the State Emergency Operations Center.
2. Disaster notification to the medical examiner will normally come through routine law enforcement, emergency operations center channels, or news media broadcasts in advance of a request to respond to recover human remains. In rare cases, it is possible that the medical examiner would be the first to recognize a cause of death indicating a potential weapon of mass destruction release. In such an event, the medical examiner would be the one to initiate notification of appropriate authorities.
3. During an activation of the State Emergency Operations Center, the primary and support agencies of ESF-8 report directly to the Emergency Services Branch Chief who reports to the Operations Section Chief (see Chapter 4, Section M of the Basic CEMP).
4. State Emergency Operations Center activation of ESF-8 may result in immediate activation of an assessment team from FEMORS (or another fatality management support organization such as DMORT) that can initiate contact to help the medical examiner in assessing the scope of the disaster and identifying assets required to process human remains.

D. Actions

1. Once notification is made of an incident with a potential for significant loss of life, a medical examiner should attempt to assess the scope of the incident and anticipate levels of additional resources that might be needed. This could include:
 - a. Modification of routine workflow within the facility to permit processing and segregation of daily casework from disaster-related victims;
 - b. Possible supplemental space and equipment requirements for refrigerated storage;
 - c. Temporary staff and supply increases to respond to the surge incident; and,
 - d. If the facility has been damaged by the incident (e.g., hurricane, flood, etc.), consideration of location for placement of a temporary base of operations either adjacent to, or remote from, the damaged morgue facility.

2. Upon notification by a medical examiner of a request for assistance, ESF-8 may notify and activate an assessment team from FEMORS (or another fatality management support organization such as DMORT) to assist the medical examiner in assessing the situation.
 - a. In the event of a known impending event like a hurricane, ESF-8 normally places the fatality management support organization on ALERT for possible activation.
 - b. FEMORS activates its internal notification system to establish a Ready List of members capable of responding if needed.
3. FEMORS initiates contact with the medical examiner by telephone or in person, within 4 hours if possible, to ascertain if help is needed or to arrange for an appropriate meeting location.
4. Simultaneously, FEMORS initiates its Everbridge notification process to assemble a list of members capable of responding within 24 hours, if needed.
5. If needed, FEMORS assists the medical examiner in planning for:
 - a. Special processing complications such as protection from chemical exposure of responders and decontamination of recovered remains prior to transportation to a temporary morgue site, if applicable;
 - b. Disaster site management of human remains with regard to recovery, preliminary documentation procedures, and refrigerated storage until transportation can be arranged;
 - c. Supplemental or temporary morgue operations for postmortem examination either in concert with the existing medical examiner facility or at a remote location with a Disaster Portable Morgue Unit setup;
 - d. Supplemental refrigerated storage at the morgue both for remains received from the disaster site and for remains processed and awaiting release for disposition;
 - e. Victim information center operations at a site removed from both the disaster site and the morgue; and
 - f. Records management and computer networking for managing data generated about missing persons and remains processed.
6. The medical examiner, or designee, reports the assessment results back to ESF-8 to specify:
 - a. Estimated number of human remains to be processed if possible,
 - b. Types and number of personnel and equipment that will be needed,
 - c. Staging area(s) for arriving assets,
 - d. Location for establishment of operations for each function needed, and
 - e. Any special safety issues to advise responding personnel.
7. ESF-8 documents the medical examiner's requests for equipment assets, types and numbers of support personnel, staging area instructions, and operational locations.
8. As directed by ESF-8, FEMORS contacts and activates the types and number of personnel requested by the medical examiner with instructions on staging areas and planned time of arrival.
9. ESF-8 initiates arrangements for travel, if necessary, and accommodations for responding personnel.
10. For any equipment requested that is not part of FEMORS response, ESF-8 initiates contact with appropriate vendors to supply equipment such as refrigerated trucks, x-ray machines and processors, etc.

11. In the event the resources required for response to the disaster exceed the capabilities of FEMORS, or if decontamination of human remains is needed, ESF-8 initiates contact with appropriate HazMat decontamination teams or the Federal Department of Health and Human Services (HHS) to request the assistance of the Disaster Mortuary Operational Response Team (DMORT) and/or support from a federal decontamination team such as National Guard Chemical, Biological, Radiological and Nuclear (CBRNE) teams.

E. Direction and Control

1. All management decisions regarding response assets and resources are made at the State Emergency Operations Center by the Department of Health Emergency Coordination Officer.
2. Management of fatality related operations under the direction of the district medical examiner or designee is coordinated with the Incident Commander or Unified Command. FEMORS' assets assigned to the medical examiner remain under the medical examiner's direction and may be used in any way to supplement the medical examiner's operations including liaison with the Incident Commander or Unified Command.
3. Volunteers and volunteer groups may also offer services to assist the medical examiner. Traditionally, this includes forensic pathologists from other districts, forensic anthropologists, and members of various funeral associations and dental societies. Experienced forensic pathologists can be appointed as associate medical examiners pursuant to Chapter 406.06(2), Florida Statute. Funeral service personnel can be a valuable asset to provide, at a minimum, additional staff to serve as "trackers" to monitor custody and processing steps for each set of remains through the morgue process. Likewise, dental personnel, even if they possess no forensic experience, can assist forensic odontologists in several areas. It should be noted that:
 - a. Members of FEMORS are provided liability coverage for worker's compensation and professional liability issues by activation as temporary employees of the University of Florida.
 - b. For such volunteers who are not members of FEMORS, the medical examiner should ensure that each volunteer acknowledges a liability waiver for work-related injury and registers in for each period of service.
4. Regardless of the source of personnel (in-house, state or federal supplemental, or volunteer) detailed time records must be maintained to document the nature and periods of duty for each person assisting during the operation.

VI. Responsibilities - Medical Examiner

The medical examiner is responsible for managing several operations that target the ultimate goals of identifying the dead, determining the forensic issues related to the cause and manner of death, and returning human remains to families, if possible.

In a disaster situation, in addition to notification, evaluation, and planning, incident specific caseload management consists of coordinating multiple functional areas.

- A. Tracking System Activation
- B. Remains Recovery
- C. Holding Morgue Operations
- D. Pre-Processing Transportation and Storage
- E. Morgue Operations (postmortem identifier collection)
- F. Post-Processing Transportation and Storage
- G. Body Release for Final Disposition
- H. Victim information Center Support (antemortem identifier collection)

- I. Records Management (Victim Processing)
- J. Records Management (Accounting and Finance)
- K. Progress Reports and Public Information Dissemination

A. Tracking System

When implementing a tracking system for recovery, the medical examiner should consider where remains are found, how fragmented portions are tracked, how case numbers are correlated, and how antemortem data (obtained from family members) can be cross referenced with other case numbers assigned to recovered remains. The tracking system should include a means for distinguishing disaster cases from other caseloads, it should also enable the cross sharing of data between several operational areas, such as, the morgue, the Victim Information Center, the incident site, or any location where case data is entered. Each set of remains processed will generate numerous items that need to be tracked by computer such as photographs, personal effects, tissue samples, etc.

Whether FEMORS, DMORT or another fatality management support organization is activated to assist the medical examiner, a Victim Identification Program (VIP) or similar database can be used to track and search for potential matching indicators. VIP stores known victim information provided by families at the Victim Information Center and data generated in processing the remains in the morgue. Likewise, both assets utilize a dental matching program called WinID to compare antemortem dental records with postmortem dental data obtained during the processing effort.

The American Academy of Forensic Sciences, Academy Standards Board has published ANSI/ASB Best Practice Recommendation 108. Forensic Odontology in Disaster Victim Identification: Best Practice Recommendations for the Medicolegal Authority. This document is maintained, updated, and can be found at <https://femors.org/downloads/> (on FEMORS' website).

An accurate and reliable numbering system for all human remains (especially fragmented human remains) is crucial to an effective mission. The system must conform to the needs of the local medical examiner as well as be sufficient for proper evidence tracking. In the absence of an established medical examiner system the following guidelines may be employed, in part or in whole as deemed necessary by the medical examiner. There are several places where the numbering system must be carefully managed. The primary focus of all numbering is to end up with a **unique medical examiner case number** assigned for every case in which a *Death Certificate* is issued.

1. Field or Disaster Site - The numbering system starts in the field.
 - a. It should always be consecutive and non-repeating. A simple system is preferred (e.g., Bag 1, Bag 2, Bag 3, etc.).
 - b. Prefixes MAY be used to clarify where they were found (e.g. F-1 for floating remains in the water, S-1 for submerged remains, Grid B-3, etc.). This is particularly important when remains are recovered simultaneously from multiple sites.
 - c. In the field, all individual remains must be given their own unique reference number.
 - d. If remains are not connected by clothing or tissue, they must be packaged separately and assigned different and unique reference numbers.
2. Morgue Operations -
 - a. Often it is preferable to assign the unique Morgue Reference Number (MRN) once remains are received at the incident morgue. Although tracking starts at the point of recovery, it is better if an official case number is assigned at the location where remains are actually processed rather than at the recovery point(s), because co-mingled fragmentary remains may need to be separated and treated as multiple cases, versus one case.
 - b. If appropriate, the MRN and suffixes may be used to further identify multiple items related to the same MRN.

- Because of the way computers store and retrieve data, it is important to include the leading zero for numbers 01 through 09.
 - Summary of possible case numbering suffixes that may be applied (including the leading zero for numbers 01 through 09):
 - DM01 Digital Media
 - DP01 Digital Photos
 - PE01 Personal Effects
 - BX01 Body Radiographs
 - CT01 CT scans
 - FP01 Fingerprints
 - DX01 Dental Radiographs
 - DN01 DNA Specimens (postmortem)
 - DB01 DNA Family Samples (Buccal swabs)
 - DR01 DNA Reference Specimens (known victim DNA)
3. Identified Remains Case Number Conventions
- For death certificate purposes, each death requires one medical examiner case number.
- a. The medical examiner may elect to enter identified remains in the district's existing computerized case file management system for that office after one or more MRN case files have been matched to a Reported Missing (RM) case file. Thus, a "Medical Examiner Case Number" may be issued.
 - Cross reference notes should be made to indicate which Reported Missing (RM) case and MRN case(s) are associated with the master case number.
 - Multiple MRN cases (fragmented remains) may be matched by dental, DNA, or other unique feature to one individual.
 - b. The medical examiner may elect to use the first MRN identified with a particular Reported Missing (RM) as the PRIMARY number.
 - Additional MRN cases identified as the same individual may be cross-referenced to the primary MRN for tracking purposes.
 - Logs of MRN numbers should be updated to reflect the primary and secondary links for tracking purposes.
 - c. The primary MRN will often be used to issue the **unique medical examiner case number** assigned for every case in which a *Death Certificate* is issued.

B. Remains Recovery

Management of mass fatality disasters begins at the scene. The medical examiner's accurate determination of the cause and manner of death, documentation of a victim's identity, and return of remains to families is dependent on the quality of the recovery effort. Except for obvious weather caused incidents, disaster sites should be considered and treated as crime scenes from the outset. The nature of the disaster site will dictate how the medical examiner coordinates with law enforcement and fire service personnel to locate, document, store, and transport victim remains.

The American Academy of Forensic Sciences, Academy Standards Board has published ANSI/ASB Best Practice Recommendation 008, Mass Fatality Scene Processing: Best Practice Recommendations for the Medicolegal Authority. This document is maintained, updated, and can be found at <https://femors.org/downloads/> (on FEMORS' website).

If the site involves any form of hazardous contamination it may be necessary to form a multidisciplinary team to evaluate the incident. The team should include:

1. HazMat, and any other relevant agencies (check required level of PPE),
2. Medical Examiner Death Investigation personnel, and
3. Law enforcement.

Recovery efforts must protect the health and welfare of recovery responders.

In the event of a disaster involving contaminated human remains, it may be necessary to request activation of the National Guard CBRNE teams, the local HazMat teams, or a similar asset capable of decontaminating the remains before they are admitted to the morgue for processing.

C. Initial Holding Morgue Operations

Once remains have been recovered at the disaster site, an initial physical examination by medical examiner, law enforcement, or other appropriate personnel may be necessary at the scene prior to a more extensive external and internal examination at the morgue.

1. At the very least, remains must be documented for tracking purposes as they are recovered and placed in a transportation staging area.
2. In some circumstances, personnel may need to gather evidence, document, remove, and track personal effects before remains are transferred for autopsy or identification.
3. In other cases involving contamination, remains may need to be decontaminated before they are transported to the morgue. Because the set up for a decontamination unit may take 48-72 hours to become fully operational, refrigerated storage of remains at the incident site may become necessary.
4. The type of disaster will determine the extent of the initial holding/incident morgue operation.

D. Pre-Processing Transportation and Storage

The number of fatalities may necessitate the expansion of the medical examiner's transportation, storage, and morgue systems.

1. To expand their refrigerated storage capabilities, medical examiners may need to incorporate the use of supplemental refrigeration (such as refrigerated trailer units).
2. Where possible, electric power should be utilized to run the refrigerated units instead of diesel power which creates toxic exhaust fumes.
3. The use of mobile refrigerated units for temporary staging storage at the disaster site can also be used to transport remains to a high-capacity medical examiner facility (even if outside the district).
4. Another option is to cool a suitable storage area to below 40° F (but above 32° F) with an industrial air conditioning unit.
5. Remains delivered from the incident site for processing must be kept segregated from remains already processed.
6. During the transporting and storing process, human remains should not be stacked upon one another or face down. They may be stored on shelving units (if available) provided there is a means for the safe lifting of those remains above waist level height.

E. Morgue Operations

Morgue case flow during disaster operations requires planning of multiple issues including location of processing areas, flow through the morgue, tracking, initial routine processing/triage, and autopsy (if indicated).

1. Location

The medical examiner must determine if remains should be processed at the medical examiner office in the district in which the deaths occurred, within the district at another location, or at the nearest high-capacity medical examiner facility. Such a decision is based on the magnitude of the incident, the rate of recovery of remains, the potential for the medical examiner headquarters to become damaged or inoperable as a result of the incident, and if the district (or alternate) medical examiner office has enough space to accommodate the additional caseload.

2. Morgue Stations

- a. Unlike routine casework where human remains are processed at one station, in a mass fatality incident remains are often processed in a multiple-station system. Generally, a well-organized incident morgue operation entails: intake/admitting, triage, photography, evidence, personal effects, pathology/toxicology, radiology (X-ray or CT), fingerprinting, odontology, anthropology, and DNA sampling.
- b. Extensive guidance on the function and operation of each morgue station is provided in the FEMORS Field Operation Guide (FOG).

3. Autopsy and External Evaluations

- a. For large numbers of fatalities, it may not be feasible to consider performing a complete autopsy on all remains. Although the medical examiner must determine which cases require an autopsy, they should think about discussing their intentions with the lead law enforcement agency and the Department of Health, since each of these agencies may have its own specific requirements for identifying autopsies to support the overall investigation.
- b. While a complete autopsy of every victim may be the desired goal, in the face of significant numbers of victims the medical examiner may need to seek authorization to apply professional discretion to autopsy only appropriate sample cases. Such authorization may be requested pursuant to a disaster declaration or Governor's Executive Order covering the state of emergency.
- c. The American Academy of Forensic Sciences, Academy Standards Board has published ANSI/ASB Best Practice Recommendation 009, Best Practice Recommendations for the Examination of Human Remains by Forensic Pathologists in the Disaster Victim Identification Context. This document is maintained, updated, and can be found at <https://femors.org/downloads/> (on FEMORS' website).

4. Documentation of Processing

- a. In addition to assessment of anatomic findings (pathology/toxicology reports) to support a determination of cause of death, postmortem processing provides the only opportunity to preserve information needed to establish positive identification of the remains.
- b. Postmortem processing of each case includes photography, collection of evidence, and/or personal effects. Maintaining a properly documented "chain of custody" is essential for processing all items of personal effects.
- c. Personal effects may prove crucial in establishing presumptive identifications that may lead to positive identifications through accepted protocols. DNA may be obtained from some personal effects bearing biological material. For that reason, a DNA specialist should be consulted before personal effects are cleaned for photographing, cataloging, and returning to families. Personal effects should always be treated with potential identification in mind.
- d. Standardized processing forms available in the Victim Identification Program (VIP) databases may be used to create a record of all processing efforts.
- e. Data entry of postmortem processing information is valuable for making the information searchable for clues to matching it with victim antemortem information provided by families.

5. Radiological (X-Ray or CT) Processing
 - a. Specialists with experience in the use of radiography equipment should be used to process remains.
 - b. Comprehensive radiographic documentation should be made of appropriate cases to identify commingled remains, artifacts (jewelry, evidence, etc.) imbedded in human tissue, and evidence of antemortem skeletal injury, surgeries, or anomalies.
 - c. Such features may aid in identification by correlation with antemortem medical records.
6. Fingerprint Processing
 - a. Specialists with experience in recognizing and preserving ridge detail for finger, palm, and footprints should be used to process remains.
 - b. Preserved ridge detail records may be compared to antemortem print records supplied by families or other agencies to establish identification of the victim.
 - c. The American Academy of Forensic Sciences, Academy Standards Board has published ANSI/ASB Best Practice Recommendation 007, Postmortem Impression Submission Strategy for Comprehensive Searches of Essential Automated Fingerprint Identification System (AFIS) Databases, and ANSI/ASB Best Practice Recommendation 094, Postmortem Impression Recovery: Guidance and Best Practices for Disaster Victim Identification. This document is maintained, updated, and can be found at <https://femors.org/downloads/> (on FEMORS' website).
7. Dental Processing
 - a. Specialists with experience in recognizing dental structures and recording by means of radiographs or charting should be used to process remains.
 - b. Standardized processing forms available in the dental identification program (WinID) may be used to compare with antemortem dental records supplied by families or other agencies to establish identification of the victim.
8. Anthropology Processing
 - a. Specialists with experience in recognizing skeletal structures and recording by means of radiographs or charting, should be used to process remains.
 - b. Comprehensive documentation is made of human skeletal and other fragmentary remains including assessment of bone, bone portion, anatomic side, chronological age, sex, stature, ancestral affiliation, antemortem trauma, and pathological conditions.
 - c. Such features may aid in identification by correlation with antemortem medical records.
 - d. The American Academy of Forensic Sciences, Academy Standards Board has published ANSI/ASB Best Practice Recommendation 010. Forensic Anthropology in Disaster Victim Identification: Best Practice Recommendations for the Medicolegal Authority. This document is maintained, updated, and can be found at <https://femors.org/downloads/> (on FEMORS' website).
9. DNA Processing

Human remains that lack typical identifying features (tissues without fingerprint, dental, or anthropological material) can often be identified through DNA. For this reason, morgue processing should include a station to obtain and preserve specimens for DNA testing from each case processed.

 - a. DNA specialists should be consulted or incorporated into the morgue station to ensure proper sampling procedures, prevent cross contamination, and ensure the best possible specimen is collected.
 - b. The use of rapid DNA technology should be considered for use in morgue operations and in the Victim Information Center.
 - c. Laboratory testing of DNA specimens will need to be coordinated considering the:

- selection of the most appropriate specimen for testing,
 - number of specimens to be tested,
 - capacity of the laboratory to perform the testing, and
 - standardization of test results for comparison with DNA testing of antemortem reference materials collected through the Victim Information Center or other agencies.
- d. DNA Sections of the Florida Department of Law Enforcement's Crime Laboratory System may be called upon to assist with managing such issues.
 - e. The American Academy of Forensic Sciences, Academy Standards Board, has published ANSI/ASB Best Practice Recommendation 006, Best Practices Recommendations for DNA Analysis for Human Identification in Mass Fatality Incidents. This document is maintained, updated, and can be found at <https://femors.org/downloads/> (on FEMORS' website).

F. Post-Processing Transportation and Storage

Until the final disposition of remains is known, the medical examiner cannot determine to what extent this phase of the operation must function; for instance, when remains are going to be returned to family members, personnel may only need to establish a holding area for funeral directors to retrieve remains. Storage areas should be segregated for coding of location by *Unidentified* remains and *Identified* remains. Unidentified remains may be returned to the morgue multiple times for additional processing as needed.

Law enforcement may require that the remains be retained or partially retained for evidentiary purposes, thus the medical examiner may need to further enhance the morgue's storage capacity.

G. Body Release for Final Disposition

When processing has been completed, final disposition normally involves burial or cremation at the family's request. Aside from the question of mass disposition (see Section VIII - Mass Disposition of Human Remains) a variety of tasks must be accomplished to authorize release of the human remains to a funeral service provider of the family's choice.

1. Once remains have been identified and are ready for release, the medical examiner certifies the cause and manner of death on the death certificate.
2. Typically, medical examiner staff will notify the funeral service provider selected by the family. The funeral service provider responds to transport the remains and personal effects (if appropriate). Medical examiner staff will coordinate with the funeral service provider to record the death via the Electronic Death Registration System (EDRS) under procedures established by the Bureau of Vital Statistics.

Medical examiner staff and/or other involved agencies should confer with families and obtain documentation of the family wishes regarding notification when additional fragmentary remains are identified. Some families desire to be notified of every identified fragment while others have reached closure and do not desire to be notified at all.

3. Provisions may be made for how unclaimed and unidentified remains will be memorialized or disposed of at the conclusion of the processing effort. This is often done in concert with the Incident Command management team and governmental officials.
4. Exceptions to release exist for remains that could not be decontaminated to a safe level. Emergency management powers of the Governor may need to be invoked to suspend routine regulations regarding the disposition of human remains and grant the Department of Health quarantine and human remains disposition powers including state sponsored burial or cremation in accordance with Chapter 381.0011(6), Florida Statutes.

5. In disaster incidents where there are no remains to recover for identification, or where scientific efforts to establish identity fail, the appropriate legal authority in accordance with Chapter 382.012, Florida Statutes may order a presumptive death certificate.

H. Victim Information Center Support

Emergency management agencies should be prepared to mobilize the appropriate resources to establish a missing persons Victim Information Center (VIC) in conjunction with Family Assistance or Family Reunification Center for the management of an incident with mass fatalities. This may be part of a Joint Family Support Operations Center established by Incident Command for multiple service organizations. Nonetheless, staffing for the purpose of interviewing families for information essential to identification requires consultation with forensically trained specialists. The fatality management support organization will have experience and operating procedures for establishment of a VIC. The efforts of personnel at the VIC shall be coordinated with the involved law enforcement agency's missing persons investigators if applicable.

1. Interviewing of family and friends of the disaster victim provides an opportunity to obtain vital information that may lead to a positive identification of the victim. In addition to basic physical description and names of treating physicians or dentists, interviews may reveal unique features such as tattoos, piercing, jewelry, old injuries, etc.
 - a. Standardized questionnaire forms are available in the Victim Identification Program (VIP).
 - b. Interviewers should be limited to personnel specially trained in dealing with grieving individuals such as:
 - o Victim Information Center specialists who have been trained in conducting interviews and using the VIP protocols,
 - o Medical examiner investigators,
 - o Funeral service personnel,
 - o Law enforcement agents, or
 - o Social workers.
2. DNA Collection
 - a. Family reference samples and personal effects of the victim containing biological material may provide the only method by which processed victim remains can be identified.
 - b. DNA specialists should be incorporated into or consulted on the VIC interview process to ensure proper collection procedures, prevent cross contamination, and ensure the best possible specimens are collected for subsequent laboratory testing.
 - c. Rapid DNA technology should be considered for use in the VIC.
 - d. Call center electronic management software (e.g. ReadyOp) may be offered by the Florida Department of Health.

I. Records Management (Victim Processing)

1. Segregation of disaster records from the normal office records is recommended.
2. All ante and postmortem information and records should be handled as evidence. The chain of custody of records must be maintained via sign-out and sign-in logs. Records management personnel must be able to account for all received information/records, whether they are in direct possession of the records management section or checked out to an authorized individual.
3. Digital versions of case file materials may (eventually) serve as the **original or duplicate** record when so defined according to the records management policies of the local jurisdiction and Florida Statutes.

- a. In such cases, references to printed documents and CD storage may refer to redundant electronic media storage both onsite and off-site including cloud-based storage.
4. Four major file categories should be maintained:
 - a. Unidentified Remains case files in morgue reference number (MRN) order and containing:
 - Processing paperwork,
 - Printouts of digital photos,
 - CD or other storage media copy of all photos taken,
 - Printouts of digital dental radiographs or CT scans,
 - CD or other storage media copy of all digital dental radiographs or CT scans taken,
 - Printouts of digital body radiographs or CT scans taken,
 - CD or other storage media copy of all digital body radiographs or CT scans taken, or
 - Personal effects inventory.
 - b. Reported Missing Person Reports (RM) case files in Last Name alphabetical order and containing:
 - Printed VIP interview form along with original hand completed forms,
 - Other police missing person reports submitted,
 - Medical antemortem records or body radiographs or CT scans submitted,
 - Fingerprint records,
 - Dental antemortem records including radiographs or CT scans, and
 - Notes of contacts for information gathering.
 - c. Identified Remains - Medical examiner determines which master number to use and merges into one file all related materials:
 - RM antemortem reporting forms,
 - Antemortem medical records,
 - Morgue reference number (MRN) folders (these may be multiple if DNA associates fragmented remains),
 - Dental records (ante and postmortem),
 - Morgue photographs,
 - DNA submission documents,
 - Body radiographs or CT scans identification (ante and postmortem),
 - Fingerprints and comparisons made, and
 - Remains release and funeral service provider documentation.
 - d. Court Issued Presumptive Death Certificates and related documents (if applicable):
 - Affidavits and supporting documents,
 - Court order,
 - Copy of presumptive death certificate issued,
 - Record of transmittal of death certificate to Vital stats:
 - May require funeral director involvement,
 - May require family authorization for funeral home to handle,
 - Vital Stats coordination required.
 - If subsequently identified, an amended death certificate may be issued and all this material is moved to the Identified Remains file.

J. Records Management (Accounting and Finance)

1. Expenses incurred by a medical examiner in response to a disaster may be reimbursable depending on the nature of the disaster and whether a disaster declaration was issued at the state or federal level.
2. Expenses may include both personnel overtime and purchases of equipment and supplies when requested through and approved by the Emergency Operations Center process.
 - a. Expenses incurred outside of the Emergency Operations Center process may not be

reimbursable.

3. Extensive documentation of labor time (especially overtime) and purchases will be needed to seek reimbursement including:
 - a. Daily attendance rosters and time worked logs,
 - b. Mission number assignment from Emergency Operations Center or designee,
 - c. Purchasing and tracking of materials.

K. Progress Reports and Public Information

1. From the onset, demands for estimates of the number of victims missing, the number identified, and names of the missing arise from many sources.
2. Chief among these are the Incident Commander, the Emergency Operations Center, and the Medical Examiners Commission.
 - a. Early estimates contribute to the planning assumptions and provide a means to assess additional resources that may be needed.
 - b. Periodic and later updates allow for fine tuning the response effort and determining the eventual demobilization strategy.
 - c. Daily reporting to the Medical Examiners Commission during a disaster event involves reporting all confirmed disaster-related deaths to include ME case #, age, race, sex, a brief synopsis, and an indication of whether the case is a directly or indirectly related disaster death. This list becomes the official list managed by the State Emergency Operations Center.
 - d. The U.S. Department of Health, National Vital Statistics System reference guide for certification of disaster-related deaths defines directly and indirectly related deaths as follows:
 - A **directly related death** is defined as a death directly attributable to the forces of the disaster or by the direct consequence of these forces, such as structural collapse, flying debris, or radiation exposure.
 - An **indirectly related death** occurs when the unsafe or unhealthy conditions present during any phase of the disaster (i.e., pre-event or preparations, during the actual occurrence, or post-event during cleanup after a disaster) contribute to the death.
3. Normally, the Incident Commander will arrange for an official Public Information Officer to provide updates to the media.
4. Medical examiner staff should be assigned as liaison with Incident Command staff to coordinate distribution of information relating to victims and progress of the response effort. Special care is needed to inform waiting family members of developments before information is released to the general media.
5. Potential types of medical examiner information that may be requested frequently, even daily, include:
 - a. Total number of victims,
 - b. Names of identified victims,
 - c. Method of identification,
 - d. Names and number of missing person reports,
 - e. Staffing levels and assistance provided, and
 - f. Estimate of time to complete identifications.

VII. Multiple District Incident Coordination

A. Definition of Multiple District Incident

A mass fatality incident in which decedents are recovered from geographic locations crossing medical examiner district boundaries.

B. Jurisdiction for Issuance of Death Certificate

The district covering the county of death (or where the remains are found) determines which medical examiner signs the death certificate and records the official medical examiner case number (thus affecting year-end statistical reporting).

C. Coordination of Resources

This is a mutual agreement situation and rests upon the willingness of all involved medical examiners to make prudent, team-focused decisions to provide for the best way to serve law enforcement investigative needs as well as the needs of families involved.

If the desire is to have single processing center for both postmortem examination (morgue) and antemortem collection (victim information call center) when multiple medical examiner districts are involved in a single incident, all of the medical examiners impacted would need to meet and agree on:

1. Central incident morgue and victim information call center locations.
 - a. Governor's Declaration of Emergency or Executive Order authorizes the use of the State's assets including FEMORS and its cache of equipment to establish a portable morgue and/or victim information call center.
 - b. Alternatively, each county would have to provide (i.e., pay for) the people and equipment needed for response to and management of a surge of deaths in that county.
2. A single medical examiner or designee is to serve as the Fatality Management Lead (or Fatality Management Group Supervisor) for that incident.
 - a. This person is "in charge" of the overall fatality management operation (victim recovery, morgue operations, collection of antemortem data, identification of the dead, and release for final disposition) and will adapt to the needs of all affected medical examiners for any variation in processing decisions.
3. Cross appointment of pathologists as Associate Medical Examiners as provided for in Chapter 406.06(2), Florida Statutes.
4. Procedures to ensure that death certificates are filed in the appropriate county of death.

VIII. Mass Disposition of Human Remains

Rationale for Identification Before Disposition

A. Governmental Authority

Under the emergency management powers of the Governor and pursuant to the authority vested under paragraph (a) of Chapter 252.36, Florida Statutes, the Governor may direct the Florida Department of Health to take certain actions to suspend routine regulations regarding the disposition of human remains. These actions may include directions for disposition of both identified and/or unidentified remains. Disposition of unidentified remains would follow the collection of items that are useful in the identification process: photographs, fingerprints, dental and somatic radiographs or CT scans, and DNA.

B. Epidemic Outbreak Myth

Often a principal reason proffered for taking the mass disposition course of action is based upon a fear of the outbreak of disease from human remains. Well-intentioned, but scientifically uninformed, decision makers often initiate the process as a natural aversion to the physical unpleasantness of the effects of decaying human remains and a fear that an epidemic of disease will break out.

A scientific review of past catastrophic disasters (PAHO, 2004) demonstrates that the risk of epidemic disease transmission from human remains is negligible. Unless the affected population was already experiencing a disease suitable for epidemic development, the catastrophic event cannot create such a situation. Most disaster victims die from traumatic events and not from pre-existing disease.

Disease transmission requires first, a contagious agent, second, a method of transmission, and third, a susceptible population to infect.

- Typical pathogens in the human body normally die off when the host dies, although not immediately. In the absence of the first requirement, therefore, risk of transmission is no greater than that for routine handling of human remains.
- Water supplies contaminated with decaying human remains can serve as a method of transmission of illnesses, particularly gastroenteritis, but a non-breathing body presents minimal transmissibility.
- With the use of universal precautions for bloodborne pathogens, under regulations of the Occupational Safety and Health Administration (OSHA), responders so equipped do not present a susceptible population to infect. Even the local population will usually avoid a water supply contaminated with human remains and use sheets or body bags to envelop decaying human remains.

C. Identification of Victims before Disposition

Traditional funeral practices include a variety of procedures designed to assist survivors of all religious practices or belief systems with the grieving process. Identification of the victim, however, is the first step in that process.

Government-ordered disposition by mass burial or cremation of unidentified victims creates numerous, and often unnecessary, complications for survivors. In addition to a delay in completing the grieving process, survivors face challenges settling legal affairs, determining rights of property ownership, and managing the welfare of the victim's offspring.

Both the World Health Organization (WHO) and the Pan American Health Organization (PAHO) advocate for the identification of all disaster victims before final disposition, regardless of number of victims. To accomplish this in Florida, when faced with thousands of fatalities, extraordinary refrigeration resources will be required using the basic guidelines in Section VI (D) above. With adequate refrigeration capacity, supplemental morgue facilities, and sufficient forensic personnel to process human remains, identifying information from each set of remains can be secured before mass burial is contemplated as a last resort.

If the disaster results in several hundred or thousands of victims, "temporary interment" may be an appropriate course of action. The expectation is that each victim will be retrieved later, as time permits, for full documentation, identification, and release to appropriate family's choice of funeral service provider.

Temporary interment involves several expedient steps:

- Altered standard of forensic processing is limited to pre-interment:
 - Photographs,
 - Fingerprints,

- DNA specimens, and
- Body tag made of metal or impervious material and use of the indelible marking of reference number(s).
- Placement of each set of remains in a heavy-duty disaster body bag affixed with
 - Exterior duplicate bag tag made of metal or impervious material and use of indelible marking of reference number(s).
 - Long (e.g., six feet) wire leader with a third, duplicate bag tag.
- Placement of bagged victims in prepared designated sites (as determined by local authorities).
 - Victims may be placed in rows with the long wires placed out to one end.
 - Sand or other fill material is placed over the victims to a depth determined by local authorities.
 - The six-foot long wires and impervious bag tags are kept above the sand so that individual victims may be retrieved as needed (i.e., if later identified by fingerprints, DNA or other means.)
 - Durability and legibility of the tag is critical because such tags may be exposed to extreme sunlight and weathering until retrieval can take place.

IX. References

(Available through the downloads library at www.FEMORS.org.)

1. “Mass Fatality Management for Incidents Involving Weapons of Mass Destruction” a draft capstone document (originally due for release September 2004) developed by the Department of Defense U.S. Army Soldier and Biological Chemical Command (SBCCOM), Improved Response Program (IRP), (cited throughout as “Capstone”).
2. Florida Comprehensive Emergency Management Plan, 2024, (<https://www.floridadisaster.org/dem/response/planning-section/all-hazards/comprehensive-emergency-management-plan/>)
3. CEMP Appendix VIII - Emergency Support Function 8 - Health and Medical Services, 2024 (<https://www.floridadisaster.org/dem/response/planning-section/all-hazards/comprehensive-emergency-management-plan/>)
4. FEMORS FOG Field Operations Guide, at <https://femors.org/downloads/>
5. Morgan O. “[Infectious disease risks from dead bodies following natural disasters.](#)” Rev Panam Salud Publica. 2004;15(5):307–12.

X. Statutory Citations

1. [Chapter 252.36](#), Florida Statutes, Emergency Management Powers of the Governor
2. [Chapter 381.0011\(6\)](#), Florida Statutes, Duties and Powers of the Department of Health
3. [Chapter 382.012](#), Florida Statutes, Presumptive death certificate
4. [Chapter 406](#), Florida Statutes, Medical Examiners; Disposition of Dead Bodies, Examinations, Investigations, and Autopsies

XI. Medical Examiner Districts

District	Address	City	Phone
1	2114 Airport Blvd. Suite 1450	Pensacola, Florida 32504	(850) 332-7300
2	560 Leonard Gray Way	Tallahassee, Florida 32304	(850) 606-6600
3	<i>Services provided by Districts 2, 4, & 8</i>		
4	2100 Jefferson Street	Jacksonville, Florida 32206	(904) 255-4000
5	809 Pine Street	Leesburg, Florida 34748	(352) 326-5961
6	10900 Ulmerton Road	Largo, Florida 33778	(727) 582-6800
7	1360 Indian Lake Road	Daytona Beach, Florida 32124	(386) 258-4060
8	3217 SW 47th Avenue	Gainesville, Florida 32608	(352) 273-9292
9	2350 East Michigan Street	Orlando, Florida 32806	(407) 836-9400
10	1021 Jim Keene Boulevard Number One on Bob Hope	Winter Haven, Florida 33880	(863) 298-4600
11	Road	Miami, Florida 33136	(305) 545-2400
12	4510 Fruitville Road	Sarasota, Florida 34232	(941) 361-6909
13	11025 North 46th Street	Tampa, Florida 33617	(813) 914-4500
14	3737 Frankford Avenue	Panama City, Florida 32405	(850) 747-5740
15	3126 Gun Club Road	West Palm Beach, Florida 33406	(561) 688-4575
16	56639 Overseas Hwy	Marathon, Florida 33050	(305) 743-9011
17	5301 S.W. 31st Avenue	Ft. Lauderdale, Florida 33312	(954) 357-5200
18	1750 Cedar Street	Rockledge, Florida 32955	(321) 633-1981
19	2500 South 35th Street	Ft. Pierce, Florida 34981	(772) 464-7378
20	3838 Domestic Avenue	Naples, Florida 34104	(239) 434-5020
21	70 South Danley Drive	Ft. Myers, Florida 33907	(239) 533-6339
22	18130 Paulson Drive	Pt. Charlotte, Florida 33954	(941) 625-1111
23	4501 Avenue A	St. Augustine, Florida 32095	(904) 209-0820
24	<i>Services provided by District 5</i>		
25	<i>Services provided by District 9</i>		

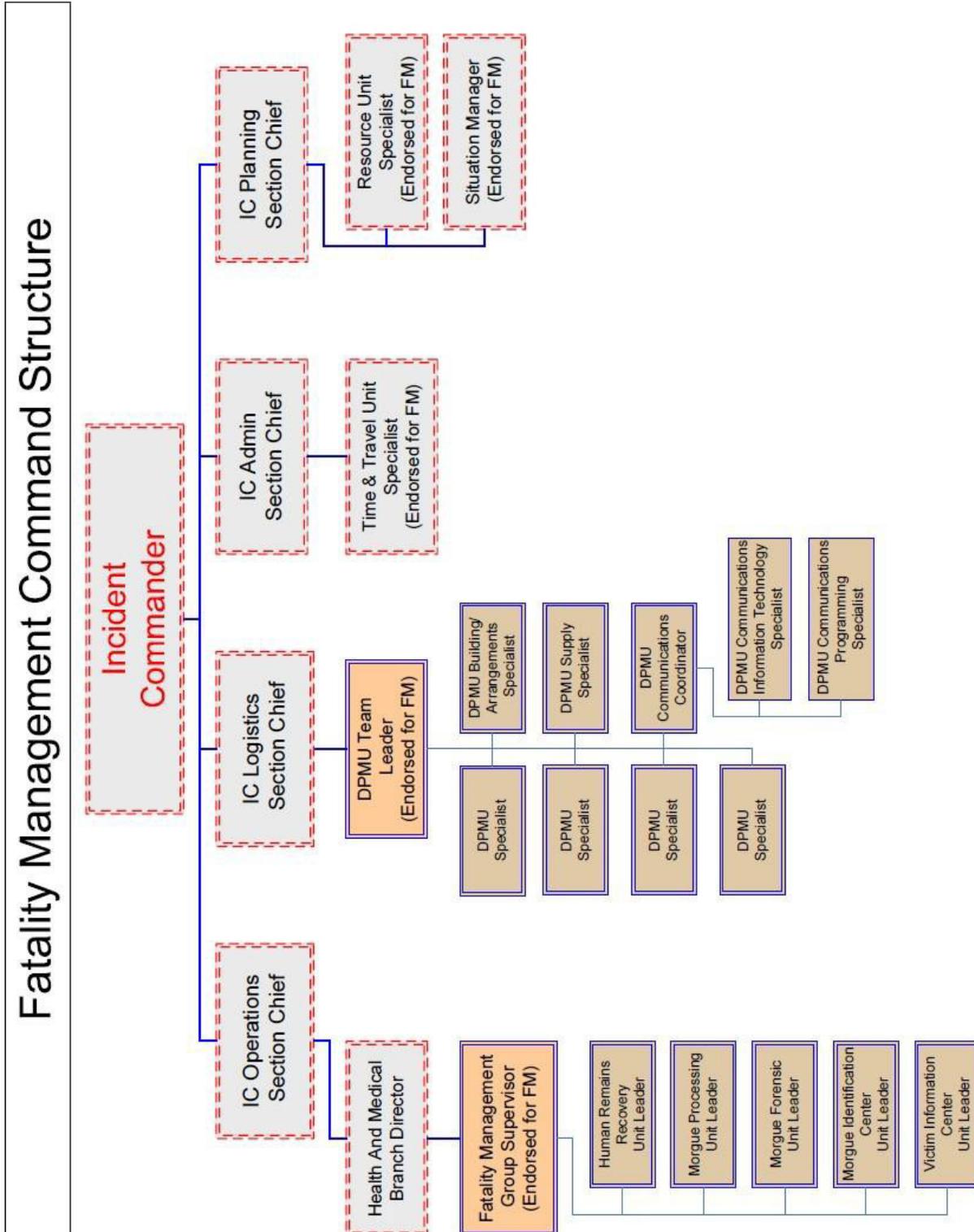
District	Jurisdiction Counties
1	Escambia, Okaloosa, Santa Rosa, and Walton counties
2	Franklin, Gadsden, Jefferson, Leon, Liberty, Taylor, and Wakulla counties
3	Columbia, Dixie, Hamilton, Lafayette, Madison, and Suwannee counties
4	Clay, Duval, and Nassau counties
5	Citrus, Hernando, Lake, Marion, and Sumter counties
6	Pasco and Pinellas counties
7	Volusia County
8	Alachua, Baker, Bradford, Gilchrist, Levy, and Union counties
9	Orange County
10	Hardee, Highlands, and Polk counties
11	Miami-Dade County
12	DeSoto, Manatee, and Sarasota counties

13	Hillsborough County
14	Bay, Calhoun, Gulf, Holmes, Jackson, and Washington counties
15	Palm Beach County
16	Monroe County
17	Broward County
18	Brevard County
19	Indian River, Martin, Okeechobee, and St. Lucie counties
20	Collier County
21	Glades, Hendry, and Lee counties
22	Charlotte County
23	Flagler, Putnam, and St. Johns counties
24	Seminole County
25	Osceola County

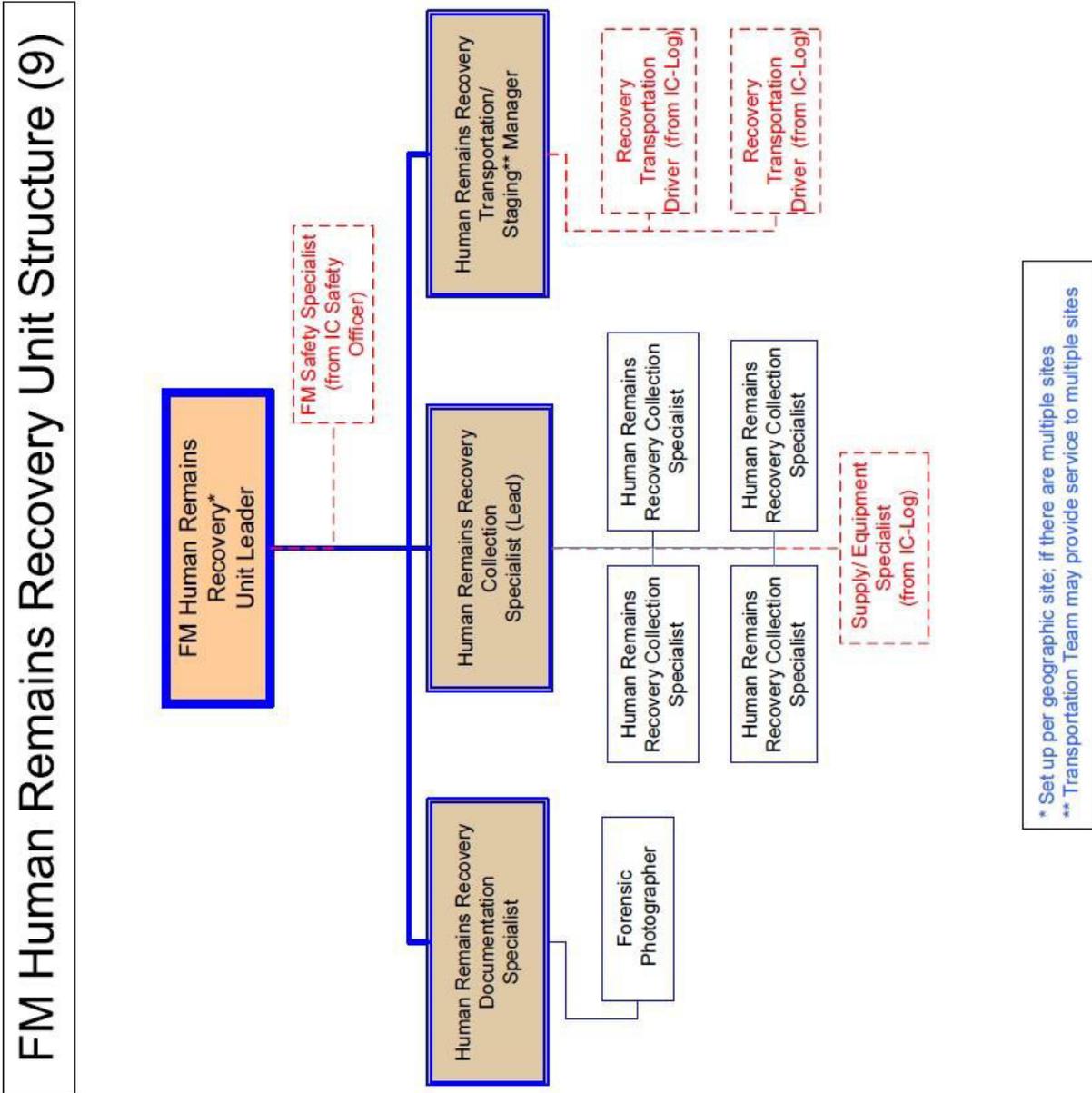
XII. Fatality Management ICS Organization Charts

(Dotted lines indicate positions supplied by the overall Incident Command)

Command Structure

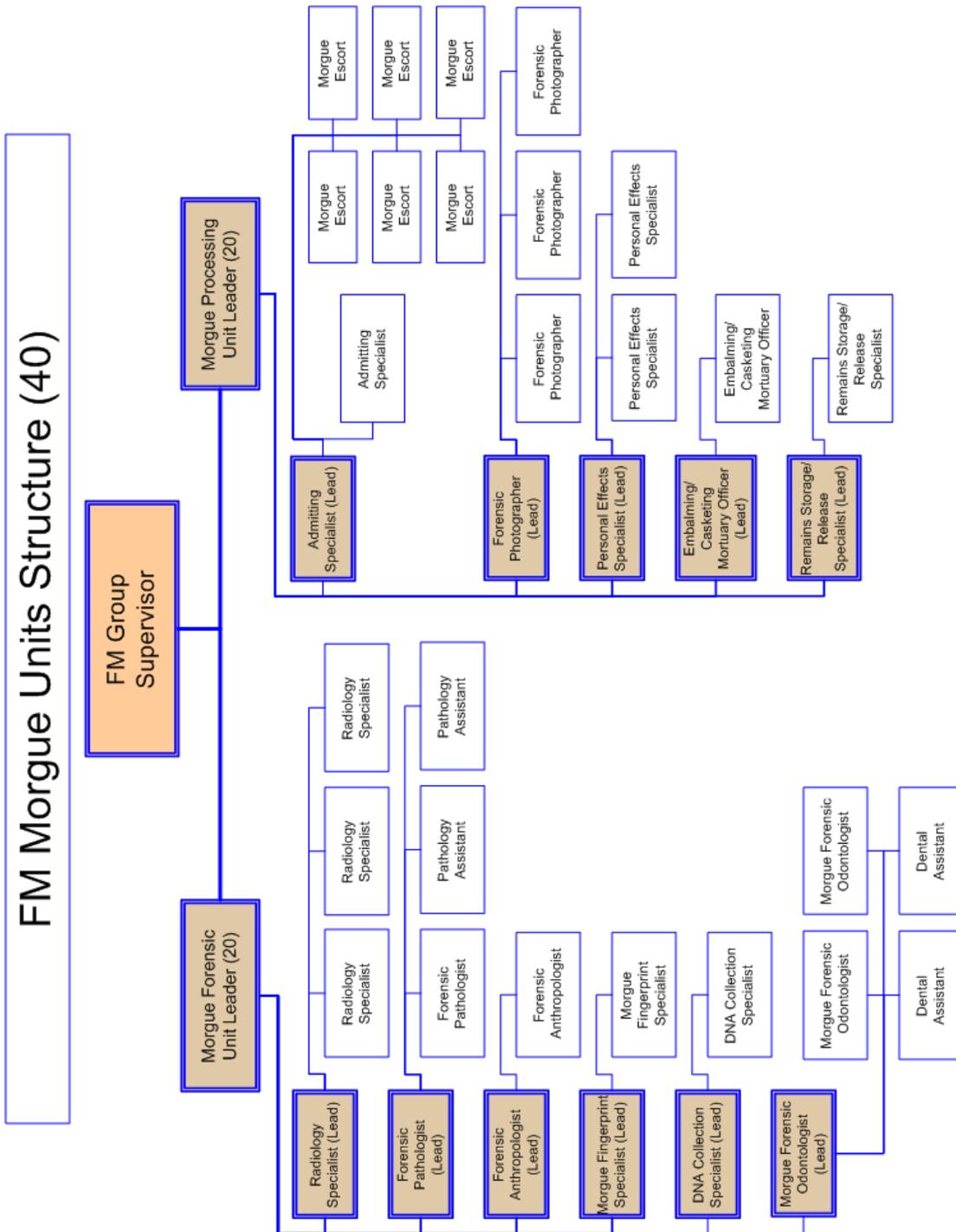


Human Remains Recovery Unit Structure

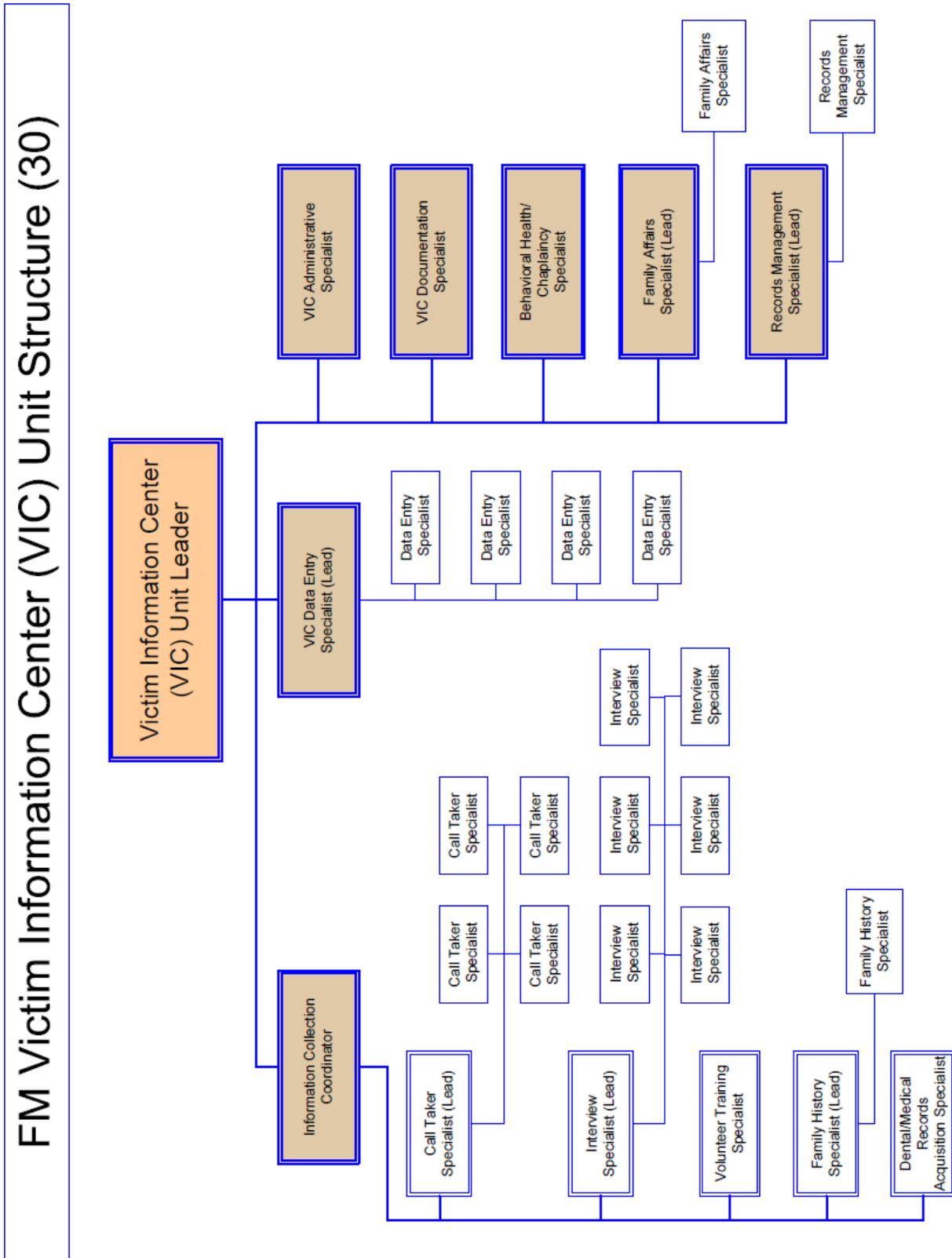


* Set up per geographic site; if there are multiple sites
 ** Transportation Team may provide service to multiple sites

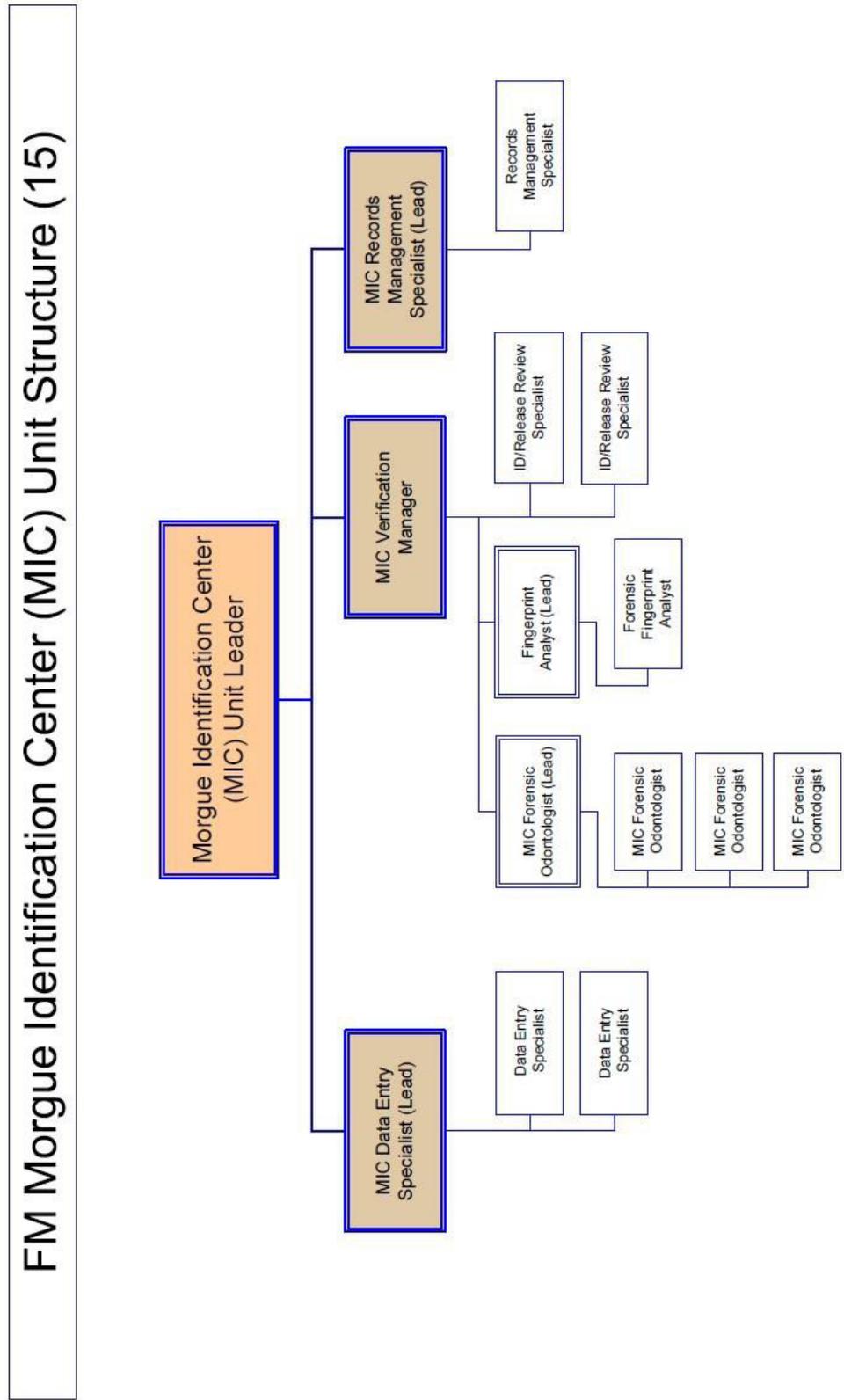
Morgue Unit Structure



Victim Information Center (VIC) Unit Structure



Morgue Identification Center (MIC) Unit Structure



Logistics Group (includes the Disaster Portable Morgue Unit)

